PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Davis Ricky D.O.B.: / /
12-30-05 315 Am	While doing pill call in Seg on B Side inmate Davis stated to me that he Needed a body chart due to being Deaf. NO visible distress noted. Able to view inmate thur cell door. Redness noted to ® Side of Face. ~~door~~. Explained to Off on need For Body chart Pr Fmate request. States we will ~~do~~ bring him over 2 Feeding _____ Pharmer R
12-30-05 4:16 Am	Again called Seg For inmate For Body chart talked 2 OFF. I. Jones. State I will inForm Officer _____ Pharmer R
12-30-05 415	Rec call From Shift Commander Sgt. Bryant. States inmate does not need Body chart. _____ Pharmer R

0111 (5/85)

Complete Both Sides Before Using Another Sheet

AL [redacted] DEPARTMENT OF CORRECTIONS

Sex

Name: DAVIS - Ricky

State ID No: 173073

DOB 1-30-75

Race: W Sex: M

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Easterling

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
DAvis	1-2-2006				

HISTORY/DIAGNOSIS:

"STAFF W S/C HE WAS ASSAULTED ON 12-31-2005"

X-RAY REQUEST

	ABDOMEN/KUB		FINGERS		NAVICULAR VIEW		SOFT TISSUE STUDIES
	ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)		FOOT		ORBITS		STERNUM
	ANKLE		HAND		OS CALCIS (HEEL)		TEMPORO-MANDIBULAR JOINTS
	CERVICAL SPINE		HIP		PELVIS		THORACIC SPINE
	CHEST PA / LATERAL		HUMERUS		RADIUS/ULNA		TIBIA/FIBULA
	COCCYX		KNEE		RIBS		TOES
	CONE DOWN SELLA TURCICA		LUMBAR SPINE		SACRO-ILIAC JOINTS		WRIST
	ELBOW	AP	MANDIBLE		SCAPULA		ZYGOMA
	FACIAL BONES	LAT	MAXILLA		SHOULDER		ZYGOMATIC ARCH
	FEMUR		NASAL BONES		SKULL		

REPORT

Davis

MANDIBLE AND MAXILLA: The bony architecture appears intact. Definite fracture is not detected.

D & T: 01-04-06 Thomas J. Payne, III, M.D./rr Board Certified Radiologist (Signature on file)

1/3/06

X-RAY TECHNOLOGIST'S NAME (PRINT)	X-RAY TECHNOLOGIST'S SIGNATURE	DATE, TIME EXAM PERFORMED
	[redacted] RT(R)	1-3-06

Date/Time	Inmate's Name: Davis, Ricky	D.O.B.: 1/30/75
1/30/06	S/c lump chest	
S	30 y/o c/o lumps over face, neck and chest that are painful since before December.	
O.	0.5-1cm lymph nodes palpable over face, neck and lower sternum w/ skin - no erythema, no tenderness	
	P: Education - pt is informed about the benign nature of these nodules - no Rx indicated now	

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Davis. Ricky D.O.B.: 1/30/75
1/6/06 12p	S/C Ear + Jaw pain
S	30 y/o c/o pain R ear and R side of face 2° physical assault on 12/30/05
O	[illegible]: Bruise over the R lower eyelid [illegible], no [illegible]
	[illegible]
	Oral: [illegible]
	Neck supple
	Lungs: CTA Heart: [illegible]
	Neuro: intact.
	Xray: no fracture of the facial bones
A/P	Bruise on face
	[illegible]: Tylenol [illegible] TID [illegible]
	[illegible]

60111 (5/85)

Cc[illegible]lete Both Sides Before Using Another She[illegible]

PHS

Nursing Evaluation Tool:

General Sick Call

Facility: ECF

Patient Name: DAVIS Ricky (Last / First)

Inmate Number: 173023

Date of Report: 1/2/2006 (MM/DD/YYYY)

Date of Birth: 1/30/75 (MM/DD/YYYY) MI

Time Seen: 840 AM / PM Circle One

Subjective: Chief Complaint(s): My ear & JAW hurts Flow When I Was Assaulted & Sat Upon

Onset: On 12-30-2005

Brief History: My ear And My JAW hurts When I eat only

(Continue on back if necessary)

Objective: Vital Signs: (As Indicated) T: 98° P: 76 RR: 16 B/P: 120 / 80

☐ Check Here if additional notes on back

Examination Findings: RT. EAR - No bleeding noted or swelling - Able to hear When Someone talks to him

(Continue on back if necessary)

States he RT - JAW hurts When he eats - No Swelling on JAW Line or

Face noted - Talking without any difficulty

Assessment: (Referral Status) Preliminary Determination(s):

☐ Check Here if additional notes on back

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☒ Other: EVALUATION

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Other: (Describe) X-RAY RT MANDIBLE And RT MAXILLA

OTC Medications given ☐ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): DR DAVIS

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Date for referral: 1/15/2006 (MM/DD/YYYY) Time

Nurses Signature

Name: D. BRANNAN LPN

Printed

PRISON HEALTH SERVICES
SEGREGATION LOG

Name: Davis, Ricky AIS 173073 DOB ________ UNIT B-20 YEAR 05

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC SS	NC SS	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC SS	NC [illegible]	NC SS	NC SS	NC [illegible]	NC SS	NC [illegible]	NC SS					NC SS	NC [illegible]	
OCTOBER	NC SS	[illegible]	NC SS	NC SS	NC SS	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC SS	NC [illegible]	NC SS	NC SS	NC SS	NC SS	NC [illegible]	NC [illegible]	NC SS	NC SS	NC SS	NC [illegible]	NC [illegible]	NC MP	NC SS	[illegible]	[illegible]	[illegible]	[illegible]	(struck through)	(struck through)	(struck through)
NOVEMBER	NC SS	NC SS	NC SS	NC SS	NC SS	NC [illegible]	NC SS	NC SS	NC [illegible]	NC SS	NC SS	NC SS	NC [illegible]	NC SS	NC SS	NC SS	NC SS	NC SS	NC SS	NC SS	NC SS	NC SS	NC [illegible]	NC [illegible]	NC SS	NC [illegible]	NC SS	NC SS	NC [illegible]	NC [illegible]	NC SS
DECEMBER	NC [illegible]	NC [illegible]	NC SS	NC SS	NC SS	NC [illegible]	NC [illegible]	NC SS	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC SS	NC [illegible]	NC [illegible]	NC SS	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC SS	NC [illegible]	NC [illegible]

KEY: M – MEDICAL
D – DENTAL
P—PSYCHIATRIC
N/C-NO COMPLAINTS

B-11

NURSES SIGN AND INITIAL

[illegible]
[illegible]
[illegible]
[illegible] -SS
[illegible]
[illegible]

NC 072

PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 12/30/05 TIME 735 AM PM | ORIGINATING FACILITY Easterling ☐ SIR ☐ PDL ☐ ESCAPEE ☐ _____ | ☐ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT

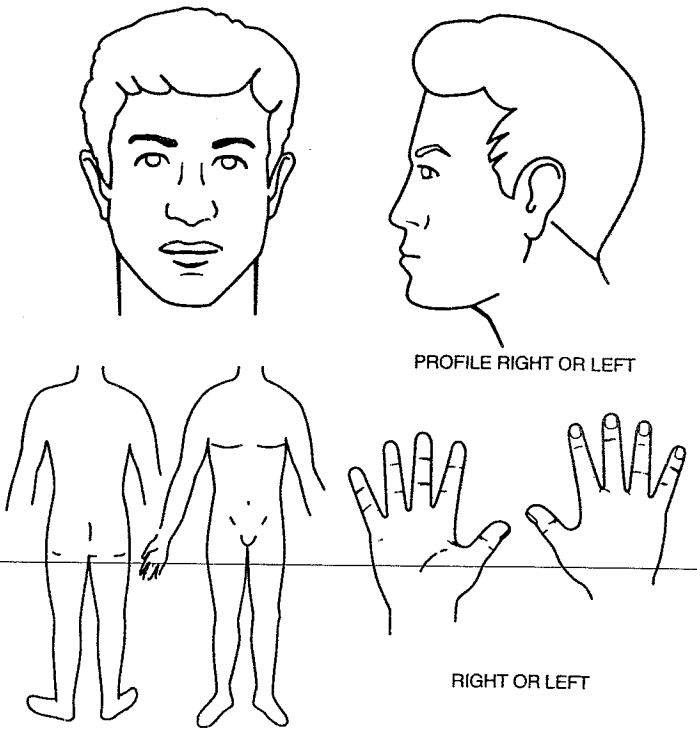
ALLERGIES PCN Wt. 166 | CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.8 ORAL RECTAL RESP. 16 PULSE 96 B/P 140/80 RECHECK IF SYSTOLIC <100> 50 ____/____

NATURE OF INJURY OR ILLNESS

S- Bodychart per DOC

ABRASION ///	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / _____ SUTURES



PHYSICAL EXAMINATION

O- W/m A+Ox3 Resp ease Skin WD - Slight redness noted to ® side of face & complaints voiced. NAD noted. & other injury noted.

A- Bodychart per DOC

P- No tx needed.

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 12/30/05 TIME 745 AM PM | RELEASE / TRANSFERRED TO ☐ DOC ☐ AMBULANCE ☐ | CONDITION ON DISCHARGE ☐ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRITICAL

NURSE'S SIGNATURE S Bushnell | DATE 12/30 | PHYSICIAN'S SIGNATURE | DATE 1/3/06 | CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Davis Ricky	173073	1/30/75	W/m	ECF

PHS-MD-70007 (White – Record Copy, Yellow – Pharmacy Copy)

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davis Date of Request: 12/30/05
ID # 173073 Date of Birth: 1/30/75 Location: 5-B-11
Nature of problem or request: [illegible]
my Ear And Jaw Hurts From where I was Assaulted By sgt Bryant
On 12/30/05 At 2:30 to 3:00 AM

Ricky Davis 173073
Signature

DO NOT WRITE BELOW THIS LINE

Date: 1/2/2006
Time: _____ AM PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____
JAN - 1 2006

(S)ubjective:

(O)bjective (V/S): T: _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

AFFIDAVIT

STATE OF ALABAMA)
)
Barbour COUNTY)

I, Beth Long, hereby certify and affirm that I am a Medical Records Clerk, at Easterling Correctional; that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Ricky Wade Davis, AIS# 173073; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Prison Health Service; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 1st day of February, 2006.

Beth Long

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 1st Day of February, 2006.

Linda A Wilkinson
Notary Public

9/16/2007
My Commission Expires

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 1-14-06

To: ADOC (Ewtelimy)

From: PHS (Ewtelimy)

Inmate Name: Davis, Ricky **ID#:** 173073

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. (Other) PPD Reading on (mon) 1-16-06

Comments:

during 1st shift pill call

Date: 1-14-06 **MD Signature:** V.O'Dr. Darbouze/McCann **Time:** 1p

Ricky Davis #173073

60418

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Ricky Davis

Date of Birth: 1-30-75 Social Security No.: _____

Date: 12-2-05 Time: _____ A.M. P.M.

This is to certify that I, Ricky Davis (Print Inmate's Name), currently in custody at the Easterling (Print Facility's Name), am refusing to accept the following treatment/recommendations: MD Appt 12-2-2005 (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Refused to Sign C. Ryan (Signature of Inmate)** D Burton (Signature of Medical Person)

_____ (Witness) _____ (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSTION DATE 10/24/05 TIME 3:25 AM PM

ORIGINATING FACILITY ECF ☐ SIR ☐ PDL ☐ ESCAPEE ☐ _____

☐ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT

ALLERGIES PCN

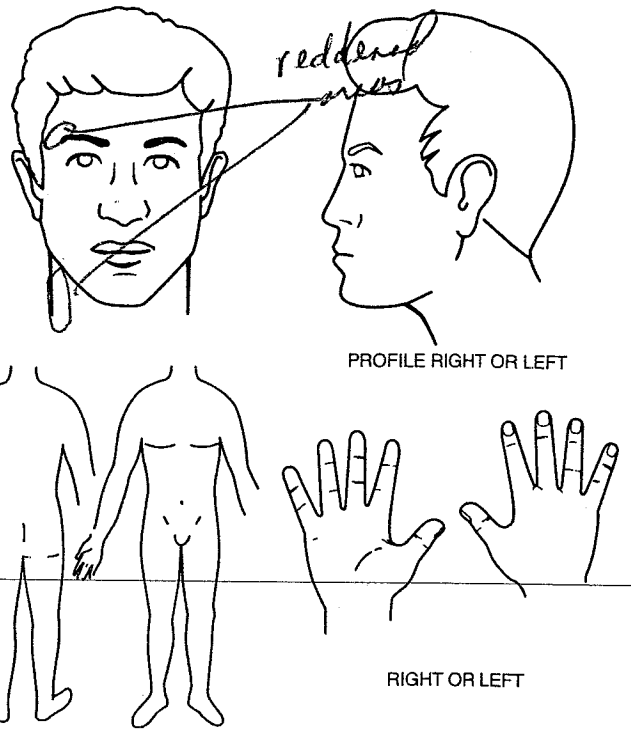
CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.4 ORAL RECTAL RESP. 14 PULSE 90 B/P 114/74 RECHECK IF SYSTOLIC <100> 50 ___/___

NATURE OF INJURY OR ILLNESS

S: "Marks on my neck and above my eye." "Sgt. Hewlett did it"
O: pt amb to clinic in handcuffs, makes above statement when asked why he was brought to HCU, pt presents c 1.5 cm red raised area on R brow and reddened area on R lateral neck, pt denies any pain, pt denies any other injury or complaint, pt's skin intact, warm and dry, resp even and unlabored no other injuries noted or observed

ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / _____ SUTURES



PHYSICAL EXAMINATION

A: DOC Body Chart
P: Release to DOC

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT None

DISCHARGE DATE 10/24/05 TIME 3:35 AM PM

RELEASE / TRANSFERRED TO ☒ DOC ☐ AMBULENCE ☐

CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE DATE 10/24/05

PHYSICIAN'S SIGNATURE DATE 10/30/05

CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Davis, Ricky	173073	1/30/75	W/M	ECF

PHS-MD-70007 (White – Record Copy, Yellow – Pharmacy Copy)

PHS PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 8/30/05 TIME 11:00 AM PM

ORIGINATING FACILITY East ☐ SIR ☐ PDL ☐ ESCAPEE ☐

☐ SICK CALL ☐ EMERGENCY ☒ OUTPATIENT

ALLERGIES ? Antidiversent 172#

CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 99 ORAL RECTAL RESP. 16 PULSE 80 B/P 120/80 RECHECK IF SYSTOLIC <100> 50 ___/___

NATURE OF INJURY OR ILLNESS

S- I guess they want a Body chart.

O- Ambulate to Hsu pt SUP in handcuffs escorted by Off. Simmons & Off. Tew- A+O x3. Resp- to case. Answers all questions appropriately. Redness noted to wrist from handcuffs. Skin intact. NO c/o voiced. No distress noted. NO tenderness noted to skin

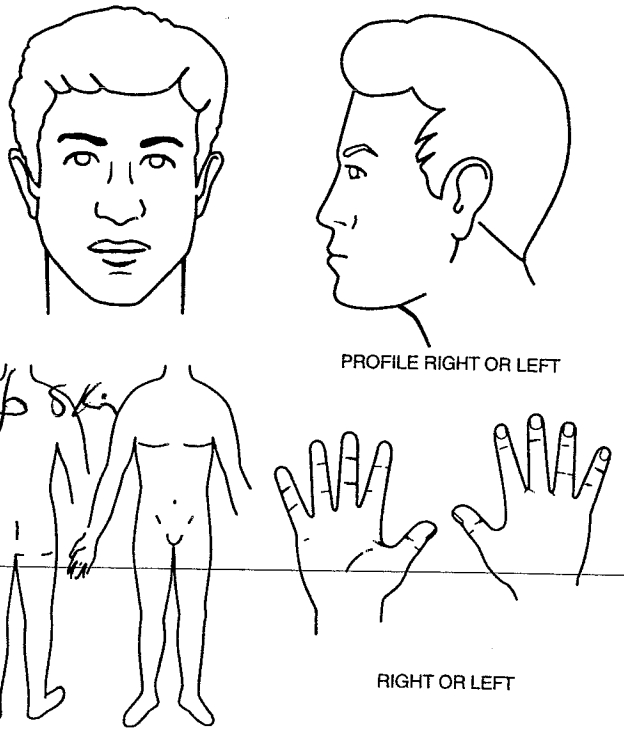
A- Body chart per DOC

PHYSICAL EXAMINATION

Protocol

P- Released to Dorm. No restrictions.

ABRASION /// CONTUSION # BURN XX XX FRACTURE Z Z LACERATION / ___ SUTURES



ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 8/30/05 TIME 11:55 AM PM

RELEASE / TRANSFERRED TO ☒ DOC ☐ AMBULANCE ☐

CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRITICAL

NURSE'S SIGNATURE [signature] CR DATE

PHYSICIAN'S SIGNATURE [signature] DATE 8/30/05

CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Davis Ricky	173073	1-30-75	W/M	

PHS-MD-70007 (White – Record Copy, Yellow – Pharmacy Copy)

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Ricky Davis

Date of Birth: 1-30-75 Social Security No.: 587-29-7218

Date: 7/14/05 Time: _____ A.M. P.M.

This is to certify that I, _____ (Print Inmate's Name), currently in custody at the _____ (Print Facility's Name), am refusing to accept the following treatment/recommendations: SC (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)** (Signature of Medical Person)

(Witness) (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

30115 (5/85)

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 6/1/05	TIME 315 AM (PM)	ORIGINATING FACILITY East ☐ SIR ☐ PDL ☐ ESCAPEE ☐	☐ SICK CALL ☐ EMERGENCY ☒ OUTPATIENT

ALLERGIES PCN

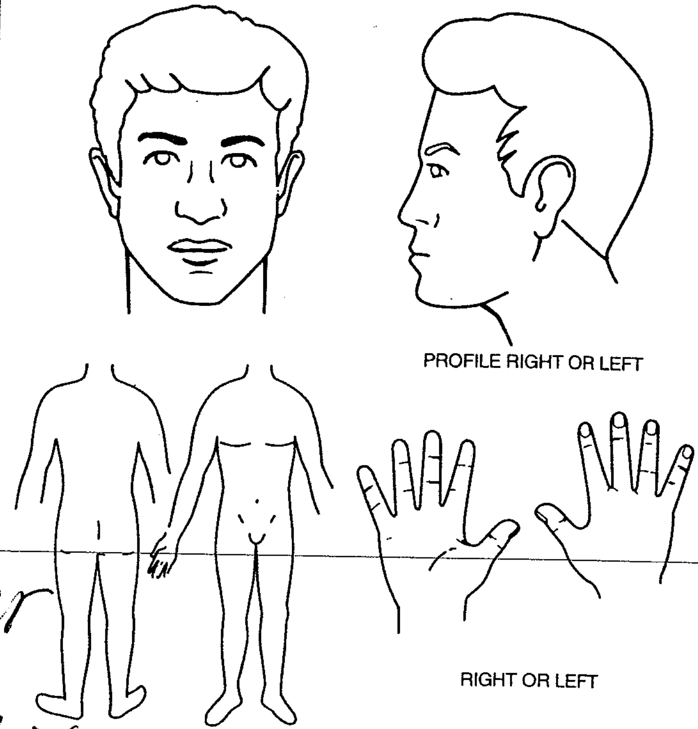
CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 100.° (ORAL) RECTAL RESP 18 PULSE 88 B/P 110/70 RECHECK IF SYSTOLIC <100> 50

NATURE OF INJURY OR ILLNESS

S- "I have a fever"

ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / ____ SUTURES



PHYSICAL EXAMINATION

O- I/M to HCU ā above
C/O - cough x 3 weeks, fever
HA, body aches today
BBS CTA, ears ē TM
intact. non productive
cough

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
Tylenol I gm t.i.d. PRN x 3		
Deltasone 20 mg ↑ PO QD x 7		
CTM ↑ PO t.i.d. x 3 PRN		

DIAGNOSIS

INSTRUCTIONS TO PATIENT
E.D. call

DISCHARGE DATE 6/1/05	TIME 331 AM (PM)	(RELEASE) / TRANSFERRED TO	☒ DOC ☐ AMBULANCE ☐	CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRITICAL

NURSE'S SIGNATURE [signature]	DATE 06/01/05	PHYSICIAN'S SIGNATURE [signature]	DATE 6/2/05	CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Davis, Ricky	173073	013075	W/M	East

PHS-MD-70007 (White – Record Copy, Yellow – Pharmacy Copy)

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	___	X
TB TEST CURRENT	X	___
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	___	X

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

→ PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: S Ford DATE: 3/15/05

I attest that the above statement is true to the best of my knowledge.
PATIENT SIGNATURE: X Ricky Davis DATE: 3/15/05

EXPIRATION DATE: indefinite

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Davis Ricky	173073	1/30/75	W/M	EAS

PHS-MD-70042 (White - Medical File, Yellow - Kitchen Supervisor, Pink - Classification Administrator (Inmate))

PROCEDURE FOR ACCESS TO HEALTH CARE

Treatment for routine medical complaints and mental health complaints are processed through nurse screening seven days a week. Inmates must complete a sick-call screening form and turn this form into medical services for processing. You may obtain screening forms from any dorm cube or shift commander's office. you need to place the screening form in the locked box located at the dining hall. All health service requests are subject to a $3.00 co-pay being deducted form your PMOD account, depending on the nature of your request. Forms for segregation inmates will be collected by nursing personnel at 4:00am medication rounds. Doctor's clinic is held Monday through Friday excluding holidays or an unexpected emergency.

Inmates on sick-call screening must report for screening or sign a refusal of treatment form declining care. Screening for population is held on 1st shift at approximately 7:00am. Screening for segregation is held during the morning pill call rounds. Sick-call screening is held Sunday through Friday.

Pill call times for this institution are as follows:

POPULATION	DIABETIC	SEGREGATION
4:00am	3:00am	4:00am
9:00am	9:00am	10:00am
5:00pm	3:00pm	5:00pm

Medical request on weekends and holidays are reviewed. Any request for medical attention that cannot wait until the next sick-call clinic will be processed at that time. All other request will be held until regular Sunday through Friday sick call. Medical emergencies, such as those involving intense pain, potential life-threatening situations, or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest Correctional Officer of an emergency, so prompt access to health care is provided.

You are required to sign up for Dental sick call using the same procedure as medical sick call. Population and Segregation Dental Screenings are held weekly on Monday evenings at 1:00pm in the Health Care Unit. Follow-up care, if needed, is scheduled at this time. Emergency dental service is provided 24 hours a day with a dentist on call. Those not meeting scheduled appointments must sign a refusal of treatment form.

Your medical care is important. This is a joint effort between you and the Health Care Staff. Prescribed medications are to be picked up at pill-call, appointments kept, and education in services attended.

Comfort medications, such as cold medicine, headache medicines etc. are available in the canteen.

We ask that medical complaints against the Health Care Unit try and be resolved face to face. If concerns cannot be resolved verbally, a written complaint may be filed. You may get this form in the Health Care Unit. You must complete this form listing specifically the reason for dis-satisfaction, steps you have taken and the action requested to resolve the problem. Return this form to the Health Care Unit.

X Ricky White Davis — Inmate Signature

AIS#	Weight	Height	Date
173013	165	5'9"	3/15/05

Witness

3/15/05 — Date

2140 — Time

FROM: Sheriff Mac Holcomb
Marshall County

TO: Department of Corrections
Transfer Agent Supervisor
FAX# (334) 240-3380
AND
Medical Director (CMS)
Kilby C.F.
FAX# (334) 215-6681

Subject: Authorization for Required Immediate Medical Care for State Inmate.

Inmate: Ricky Wade Davis
SS/AIS: _____

1. Condition requiring immediate medical treatment outside jail:
No medication ordered at this time
Scheduled to have nodules removed (benign)

2. Medical Professional who determined immediate care required:
_____ Phone _____

3. Date/Time DOC contacted _____

4. Has determination been made that offender has been convicted and transcript forwarded to DOC? Yes _____ No _____

Submitted by:

_____ Phone (256) 582-2034 Ext. 30

RECEIVING SCREENING FORM

INMATE'S NAME: Davis, Ricky DATE: 1/28/05 TIME: 10:45 AM

DOB: 1/30/75 OFFICER: Darnell Moore INSTITUTION: KILBY

RECEIVING OFFICER'S VISUAL OPINION

	YES	NO
Is the inmate conscious?	X	—
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?	—	X
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?	—	X
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?	—	X
Is the skin in poor condition or show signs of vermin or rashes?	—	X
Does the inmate appear to be under the influence of alcohol, or drugs?	—	X
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc.)	—	X
Is the inmate making any verbal threats to staff or other inmates?	—	X
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?	—	X
Does the inmate have any obvious physical handicaps?	—	X

FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures?

This inmate was

X a. Released for normal processing

____ b. Referred to health care unit

____ c. Immediately sent to the health care unit.

Darnell Moore

Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

MENTAL HEALTH 30/90 DAY SEGREGATION REVIEW

Inmate Name: Davis, Ricky AIS#: 173073 Institution: ECF

Date Review Completed: 1-6-06 Date Placed in Segregation: 8-30-05

30 DAY REVIEW ✓ 90 DAY REVIEW

ALDOC Psychologist/Psychological Associate Conducting Review: Brian Mitchell, Psychological Asst. II

MENTAL STATUS EXAMINATION

Affect: Appropriate for Segregation	**Appearance:** Appropriate for Segregation
Concentration: Appropriate for Segregation	**Intellectual Functioning:** Within Normal Limits
Mood: Appropriate for Segregation	**Memory:** Intact
Orientation: Appropriate for Segregation	**Speech:** Appropriate for Segregation
Other:	

BEHAVIORAL OBSERVATIONS

(Aggressive)
Agitated
Delusional
Eye Contact
Hallucinating
Hyperactivity
Irrational
Labile
Lethargic
Loose Associations
Manipulative
Paranoia
Passive
(Rational)
Terrified/Crying
Withdrawn
Suicidal
Other: _____

COMMENTS:

RECOMMENDATIONS:

__X__ *SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH*
SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH
REFERRED FOR PSYCHIATRIC EVALUATION
Other:

Inmate Name	AIS #

ALDOC Form 463-01

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

MENTAL HEALTH 30/90 DAY SEGREGATION REVIEW

Inmate Name: Davis, Ricky AIS#: 173073 Institution: Easterling

Date Review Completed: 10-4-05 Date Placed in Segregation: 8-30-05

✓ 30 DAY REVIEW 90 DAY REVIEW: Brian Mitchell

ALDOC Psychologist/Psychological Associate Conducting Review: Brian Mitchell, Psychological Asst. II

MENTAL STATUS EXAMINATION

Affect: Appropriate for Segregation	**Appearance:** Appropriate for Segregation
Concentration: Appropriate for Segregation	**Intellectual Functioning:** Within Normal Limits
Mood: Appropriate for Segregation	**Memory:** Intact
Orientation: Appropriate for Segregation	**Speech:** Appropriate for Segregation
Other:	

BEHAVIORAL OBSERVATIONS

Aggressive
Agitated
Delusional
Eye Contact
Hallucinating
Hyperactivity
Irrational
Labile
Lethargic
Loose Associations
Manipulative
Paranoia
Passive
(Rational)
Terrified/Crying
Withdrawn
Suicidal
Other: _____

COMMENTS:

RECOMMENDATIONS:

X *SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH*
SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH
REFERRED FOR PSYCHIATRIC EVALUATION
Other:

Inmate Name	AIS #

ALDOC Form 463-01

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems (adjustment to prisons, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send in a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonable clear risk of escape or creation of institutional disorder
- Receiving Psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons

Mental health staff has a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigation staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

This information on this form has been explained to me and I have received a copy of the information for my future reference.

Ricky Davis — Inmate Signature

173073B — AIS #

1-28-05 — Date Signed

Davis, Ricky

PSYCHOLOGICAL UPDATE

Name: [illegible] AIS#: 173673B R/S: WM
Date: 2/4/05 Date of Birth: 1/31/75 Age: 29 30

Inmate [illegible] was last evaluated by ADOC psychology staff member [illegible] on 3/1/77.
A diagnosis of [illegible] was made and the inmate was recommended for participation in SAP

The following observations and recommendations are made as a result of the current interview:

I. Educational Needs
X a. ABE ___ b. Special Education X c. Trade School ___ d. Junior College

II. Mental Health Needs

___ A. Refer to psychiatrist ___ E. Sexual adjustment ___ I. Self-concept enhancement
___ B. Substance abuse counseling ___ F. Reality therapy ___ J. Healthy use of leisure
___ C. Depression ___ G. Anger-induced acting out ___ K. Personal development
___ D. Stress management ___ H. Values clarification

Date referred to psychiatrist ___/___/___

III. RECOMMENDATIONS/REMARKS: [illegible handwriting] NSD [illegible handwriting]

MENTAL HEALTH CODE: SMI HARM HIST NONE (circled)

Evaluation Completed by: [signature] Date: 2/4/05

N-259 A (2/2001)
White to Central Records
Yellow to Institutional File
Pink to Data Entry and forwarding to Medical Record

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION

Referred by:
☒ Admission to Institution ☐ Mental Health Staff ☐ Medical Staff ☐ Other _____
30/W/M

Reason for Referral (Presenting Problem):
NEW ADM. TO KILBY C.F. INCAR. – 5-6-MOS.
CH – REC. STOR. PROP.
S – 15 YRS.

Psychiatric History (inpatient/outpatient/dates of treatment/medications prescribed):
14 Y.O., RX – RITALIN FOR ADHD, X ± 1 YR, @ M.H.C.
NO OTHER TX
DENIES CURRENT SX

Pertinent Medical History (allergies):
RX – X
ALLERGIES – PCN
HEAD INJ – X
SEIZURES – X

Substance Abuse History:
STOP – 18, POT – 21, METHAMPH. – 29,
TX – 1 YR AGO, RESPAD O/P x 28 DAYS. CLEAN x 1 YR.

Pertinent Personal/Family History (inmate's sentence):

LIVING – W GIRLFRIEND, SINGLE.
SCHOOL – 8 YRS. / WORK – HAULER, CONSTRUCTION

Institutional Adjustment (current placement):
PRIOR – '96 – CH – REC. STOR. PROP. – S= 2 YRS / 2 8-9 MOS
'91 – REC. STOR. PROP. – S – 3 YRS / 1 YR.
JV – 15 – THEFT – DENT. x 1 YR.

Inmate Name	AIS #
DAVIS, RICKY	173073

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC EVALUATION

Mental Status Examination:

Appearance and Behavior: ALERT, WELL ORIENTED, APPROPIATE

Mood and Affect: STABLE IN MOOD

Speech and Language: WNL

Thought Process: WNL

Thought Content and Perceptions: WNL

Cognitive Assessment/Memory: WNL

Insight/Judgement: INTACT

Sleep/Appetite:

Suicide/Violence Risk Assessment:

Past Suicidal Ideation/Attempts (dates and methods): X

Current Suicidal Ideation and Behavior: X

Past Violent/Assaultive Behavior: X

Current Violent/Assaultive Ideas/Behavior: X

Diagnostic Impression

Axis I: MOOD DISORDER DEP.

Axis II: DEFERRED

Axis III: —

Axis IV: —

Axis V: 75

Treatment Recommendations (including medications/labs ordered/special housing)

No M.H. SERVICES SCHEDULED.

Mental Health Code: SMI HARM HIST NONE

Psychiatric Follow-Up Required Within: ____ Days

X

Psychiatrist Signature [signature] Date 2/1/05

Inmate Name	AIS #
DAVIS, RICKY	173073

Dr. Paul Beecham
MHM Correctional Services

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTH

Inmate Name Davis, Ricky AIS# 173073 Date of Referral: 1-28-05

REASON FOR REFERRAL:

☐ **CRISIS INTERVENTION**
- ☐ Family problem:
- ☐ Problems with other inmates:
- ☐ Recent stress:
- ☐ Other:

☐ **EVALUATION OF MENTAL STATUS**
- ☐ Suicidal
- ☐ Homicidal
- ☐ Mutilative
- ☐ Hostile, angry
- ☐ Other inappropriate behavior:
- ☐ Anxious
- ☐ Depressed
- ☐ Withdrawn
- ☐ Poor hygiene
- ☐ Physical complaints
- ☐ Sleep disturbance
- ☐ Hallucinations/delusions
- ☐ Suspicious

☐ **EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION**

☐ **HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER**

☐ **OTHER:**

COMMENTS: Inmate reports being on MH Meds PTA ADHD. Denies any current MH needs.

Referred by: L. Henderson LPN Phone Contact #: 684

☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Received 1/31/05

See M.H. Eval 2/1/05

Follow-Up by:

Inmate Name	AIS #
Davis, Ricky	173073

Date: 2/1/05

Dr. Paul Beecham
MHM Correctional Services

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Davis, Ricky	173073	30	w/m	Kilby

F-61

A BAMA DEPARTMENT OF CORRECTI .S
MENTAL HEALTH SERVICES

RECEPTION MENTAL HEALTH SCREENING

Institution: Kilby Date/Time Inmate Received: 1-28-05
Date/Time of Screening: 1-28-05 Signature/Title of Screener: L. Henderson LPN

MENTAL HEALTH TREATMENT PRIOR TO ENTERING THE ALDOC:

- ☐ Yes ☒ No **Psychotropic medication:**
- ☐ Yes ☒ No **Medication turned over to ALDOC upon arrival?**
- ☐ Yes ☒ No **Mental health follow-up in last 90 days:**
- ☐ Yes ☒ No **Suicide/self-harm attempts in last 90 days:**

MENTAL HEALTH HISTORY *Does inmate report a history of the following (if yes, provide details):*

- ☒ Yes ☐ No **Outpatient treatment:** CADAS 10-15 yrs ago
- ☐ Yes ☒ No **Inpatient treatment:**
- ☒ Yes ☐ No **Psychotropic medication:** Ketalin - 10-15 yrs ago
- ☐ Yes ☒ No **Suicidal attempts:**
- ☐ Yes ☒ No **Suicidal thoughts:**
- ☒ Yes ☐ No **Head injury:** MVAccident - 15 yrs ago
- ☐ Yes ☐ No **Seizures:**
- ☐ Yes ☒ No **Violent behavior:**
- ☒ Yes ☐ No **Substance abuse:** MJ - 2 yrs ago
- ☒ Yes ☐ No **Substance abuse treatment:** 2 yrs ago
- ☐ Yes ☐ No **Special education classes:** 8th grade ect

INMATE SELF-REPORT OF CURRENT STATUS:

- ☐ Yes ☒ No **First incarceration (reaction):** 2nd w/ Identity theft
- ☐ Yes ☐ No **Reports family support:** Mother is concerned w/ depression
- ☐ Yes ☐ No **Reports serious depression/remorse:**
- ☐ Yes ☐ No **Thinking about suicide:**
- ☐ Yes ☐ No **Has plan for suicide:**
- ☐ Yes ☐ No **Possible to implement plan:**
- ☐ Yes ☐ No **Reports hallucinations:**

BEHAVIORAL OBSERVATIONS:

- ☐ Poor eye contact
- ☐ Disoriented
- ☐ Crying
- ☐ Illogical speech content
- ☐ Hostile
- ☐ Poor hygiene
- ☐ Overly anxious
- ☐ Memory deficits
- ☐ Appears to be hearing voices or seeing things
- ☐ Other unusual behavior:
- ☐ Unable to pay attention
- ☐ Unable to follow directions
- ☐ Signs of self-mutilation
- ☐ Unresponsive
- ☐ Unable to read
- ☐ Afraid
- ☐ Paranoid

DISPOSITION/ PLACEMENT RECOMMENDATION (based on reception mental health screening):

- ☐ Routine housing and mental health follow-up
- ☐ Priority mental health follow-up but not emergency
- ☐ Current psychotropic meds verified/interim supply ordered
- ☐ Emergency mental health referral
- ☐ Safe cell placement recommended
- ☐ Parole violator interim assessment referral

Inmate Name	AIS #
Davis, Ricky	130138

ALDOC Form 450-01

PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)	✓		160 1-31-05 Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew	✓		Past hx 1/2 ppd/dy
ALLERGIES	✓		PCN

Weight 180 Temp 98.6 Pulse 98 Resp 18 Blood Pressure 110/80 BS-117

Eye Exam 20/20 OD 20/20 OS 20/20 OU

If greater than > 140/90, repeat in 1hour. Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given 1-14-06 Site (L) Forearm Read on 1-16-06 Results 0 mm
Past Positive TB Skin Test → (Chest x-ray if clinical symptoms)	**Survey Completed** Date ____ Results ____
RPR (q 3 yrs)	Date 1-31-05 Results NR
EKG (baseline at 35, over 45 q 3 yrs)	N/A
Cholesterol (at 35 then q 5 yrs)	N/A
Tetanus/Diptheria (q 10 yrs) (if done today)	Last Given 2004 Due 2014 Site given ____ Dose ____ Lot # ____
Optometry Exam (@ 50 if not already seen)	N/A
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date ____ Results ____

~~III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)~~

Heart	RRR
Lungs	Clear bilaterally
Breast Exam	Self Exam explained. Voiced understand
Rectal (yearly after 45) with Hemoccult	Results N/A
Pelvic and PAP (q 1 yr)	Results N/A Date ____ Results ____

Facility Eastelli Nurse Signature JMcKinnon Date 1-14-06

M.D. or Mid-Level Signature ____ Date 1/17/06

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Davis, Ricky	173073	1-30-75	W/M

PRISON HEALTH SERVICES, INC.

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Joanna Goddis — **Name**

MOM — **Relationship**

P.O. Box 125 — **Street Address**

35016 Zip Code — **Phone Number**

Arab — **City**

AL — **State**

(256)586-0068 or (256)572-9439 — **Zip Code**

Ricky Davis — **Inmate Signature**

173073 — **AIS#**

587-29-7818 — **SS#**

01/28/05 — **Date**

Susie D Williams II — **Witness**

01/28/05 — **Date**

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
Davis, Ricky	173073	01/30/1975	WM	KCF

PHS PRISON HEALTH SERVICES INCORPORATED

INTAKE HEALTH EVALUATION

NAME: Davis, Ricky
AIS #: 173073
D.O.B.: 1-30-75

Age 30 Sex M Race W Height 5'9" Weight 160

Temp: 98.1 B/P: 110/60 Pulse: 64 Resp: 16

** B/P – If greater than 140/90, repeat in 1 hour. Refer to Mid-Level if B/P remains up.

Do you now or have you ever had, or been treated for: FSBS - 177

Problem	Y	N	Problem	Y	N	Problem	Y	N
Head Trauma		✓	Gastritis		✓	**HIV/AIDS *****		✓
Loss of Consciousness		✓	Ulcers		✓	***Medications Verified		
Severe Headaches		✓	Bleeding		✓	Hepatitis - Type		✓
Vertigo/Dizziness		✓	Gall Bladder/Pancreas		✓	Gonorrhea		✓
Vision Problems		✓	Liver Problems		✓	Syphilis		✓
Hearing Problems		✓	Arthritis		✓	Lice, Crabs, Scabies		✓
Seizures		✓	Joint Muscle Problem		✓			
Strokes		✓	Back/Neck Problem		✓	**LMP**		
Nervous Disorders		✓	Kidney Stones/Dz		✓	Date		
DT's		✓	Bladder/Kidney Infection		✓	Duration		
Heart Condition		✓	Alcoholism		✓	Normal		
Angina/Heart Attack		✓	Drug Abuse	✓		Regularity		
High Blood Pressure		✓	Psychiatric History		✓	Gravida/Para		
Anemia/Blood Disorder		✓	Suicidal Thoughts**		✓	AB/Miscarriage		
Sickle Cell or Trait		✓	**Immediate M.H. Referral			Contraception		
Lung Condition		✓	**T.B.**			Type:		
Asthma *		✓	PPD - date given: 1/31/05					
*Peak Flow Reading			(RFA)/DFA			**Lab Tests - Dates**	N	Ab
Bronchitis		✓	Date read: 2-3-05			Diagnostic Profile II		
Emphysema		✓	Results: ~~0~~ mm			RPR		
Pneumonia		✓	**Visual Acuity**			Urine Dip Stick		
Diabetes		✓	**OD OS**					
Hay Fever/Allergies		✓	**OU** 20/20			**EKG** (@ age 35)		

Immunization History: Td 2004 - Stated current stated

Immunizations Needed: Ø

***HIV Medications: Ø

Acute or Chronic Problem Noted: Y (N) **Refer to Mid-Level or M.D. if yes.**

R. Thomas
RN or Mid-Level, Signature

1/31/05 @ 11:20
Date/Time

60511-AL

I have read the *access to health care* information sheets and have been given a copy. I understand how to access health care.

Name Ricky Smith Date 1/31/05

AIS# 173073

Medical Staff D. Magee Date 1/31/05

INTAKE HEALTH APPRAISAL

NAME: [illegible]
AIS#:
D.O.B.: R/S W/M

HEALTH CLASSIFICATIONS:
(Circle One)

(1) **No Restrictions**

2 – Temporary Restrictions
See Special Needs Form
3 – Permanent Restrictions
See Special Needs Form
4 – A&I (Aged & Infirmed)

5 – Not Determined
Recheck_____.

PLACEMENT:

General Population (✓)
Emergency Department ( )
Isolation ( )
Medical Observation ( )
Other_____

REFERRAL:
CCC Placement ( )

Clinic(s)_____
See MD/Mid-Level flow sheet for clinic(s).
Medical ( )
Dental ( )
Mental Health ( )
Other_____
When: ( ) Immediately
( ) Next Sick Call

IMMUNIZATIONS ORDERED:

_____

_____

APPRAISAL		N	Abn/Comment
General Movement	Deformity, Pain, Bleeding, Habitus, Hygiene	✓	ambulates 3 dyff
Neuro	Mental Status, Intox Withdrawal, Tremor, Neuro-Deficits	✓	AAOX3
Skin	Injury, Bruises, Trauma, Jaundice Diaphoretic, Rash, Lesions, Infestations, Needle Marks, Color, Turgor	✓	Tattoos- multiple scars - Ø WNL
Head	Normocaphalic, Atraumatic, Hair, Scalp	✓	WNL
Eyes	Glasses/Vision, Pupils, Sclera, Conjunctiva	✓	PERRLA
Ears	Appearance, Canals, TMs, Hearing	✓	WNL
Nose	Epistaxis, Sinuses	✓	WNL
Throat	Teeth, Gums, Dentures, Mouth, Tongue, Tonsils, Airway	✓	WNL
Neck	C-Spine, Mobility, Veins, Carotids, Thyroid, Lymph Nodes	✓	Supple, full ROM
Chest	Config. Ausc/Resp, Cough/Sputum, Breast/Masses	✓	lungs CTA bilat
Heart	Ausc Rate, Rhythm, Murmurs, Ectopy	✓	HRR
Abdomen	Bowel Sounds, Palp, G/R/T, Hernia	✓	soft, non-dist ⊕BSx4
GU	Flank Tenderness, Bladder Tenderness/Distention	✓	WNL
Back	ROM, Spasm, Injury	✓	full ROM
Extremities	Edema, Pulse	✓	MAEW
Genitals	Injuries/Lesions	✓	
Pelvic Pap			
Rectal/Guiac (required @ 45 and up) Deferred/follow-up:			

Medications Ordered: _____

(✓) 2/4/05
M.D. or Mid-Level Signature **Date/Time**

PHS
PRISON HEALTH SERVICES INCORPORATED

INTAKE SCREENING

Date: 01/28/05 AIS#: 173073

Last Name: Davis First: Ricky Middle: wade

Birthplace: Relafort, Tenn DOB: 01/30/1975 SS#: 587-29-7818

~~FEMALES:~~ Pregnancy test: ~~(circle one) Positive Negative~~

B/P 118/66 Temp 98.1 Pulse 72 Resp 20 Weight 160

FSBS _____ If level > 200, repeat within 48 hours. Above 300 call M.D.

Previous Hospitalizations/Surgeries/Major Illness/Current Illness: What? Where?

Ø

Previous Incarcerations (Date & Facility)

1991 KCF

Medications: ☑ None

Allergies: ☐ NKA PCN

Special Diet (Prescribed)

Past Positive TB Skin Test (circle one) YES - (Complete TB Screening Form) (NO)

ANY INMATE WHO IS UNCONSCIOUS, SEMICONSCIOUS, ACTIVELY BLEEDING, IN ACUTE PAIN AND URGENTLY IN NEED OF MEDICAL ATTENTION SHOULD IMMEDIATELY BE REFERRED FOR EMERGENCY CARE.

CLINICAL OBSERVATIONS

1) Level of Consciousness: ~~( )~~ Alert ~~(/)~~ Oriented; time, place, person ( ) Lethargic ( ) Stuporous ( ) Comatose

Describe:

2) General Appearance ~~(/)~~ Normal ( ) Abnormal

3) Signs of Trauma ( ) Yes ~~(/)~~ No

3) Substance Abuse: ~~(/)~~ Yes ( ) No ( ) Suspected

( ) Current intoxication/Abuse ( ) Use ( ) Withdrawal Symptoms

~~(/)~~ Drugs ~~(/)~~ Alcohol case wk

Describe- What kind? Amount/Frequency? marijuana

• If confirmed Benzo use, then call M.D. If can not be confirmed, call M.D.

Last Use: (Time(Date)): 1 yr ago

4a) Behavior/Conduct: ~~(/)~~ Calm ~~(/)~~ Cooperative ~~( )~~ Non-Violent ( ) Agitated ( ) Uncooperative ( ) Violent ( ) Manipulative ( ) Disorganized

Describe:

4b) Affect/Mood: ( ) Normal ( ) Manic ( ) Depressed ( ) Euphoria ( ) Flat ( ) Emotionally Confused

Describe:

4c) Perceptions: ( ) Delusional ( ) Hallucinations ( ) HearingVoices

5a) Is there h/o actual suicide attempt? ( ) Yes ~~(/)~~ No

5b) Does pt describe current suicidal thoughts or ideations? ( ) Yes ~~( )~~ No

5c) Is there evidence

5d) High risk pt may become assaultive towards staff? ( ) Yes ( ) No

If ANY of the above in #5 are circled, staff MUST describe here, include previous history and dates:

***Any abnormal observations #4 or 5 require immediate Mental Health Referral.**

Triggers for Suicide Watch
- Currently Suicidal
- History of actual attempt
- Fails to maintain control on Close Watch Y or N

Triggers for Close Watch
- Emotionally distraught and unable to regain composure by end of intake process
- Actively hallucinating or not making any sense Y or N

6a) Communication Difficulties ( ) Yes ~~(/)~~ No

6b) Memory Defects ( ) Yes ~~(/)~~ No

6c) Hearing Impairment ( ) Yes ~~(/)~~ No

6d) Speech Difficulties ( ) Yes ~~(/)~~ No

7) Physical Aids: ~~(/)~~ None ( ) Glasses ( ) Contacts ( ) Hearing Aid ( ) Dentures ( ) Cane ( ) Crutches ( ) Walker ( ) Wheelchair ( ) Braces ( ) Artificial Limb ( ) Other

8) Additional comments, complaints, symptoms: ~~None~~ ☐

S)

O) Fever Y (N) Swollen Glands Y (N) Signs of Infection Y (N) Skin Intact (Y) N

A)

P)

If known Diabetic * Call M.D. for order _____. Initial Insulin given: _____.

I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for health services to be provided to me by and through PRISON HEALTH SERVICES.

Ricky Wade Davis
Inmate's Signature/Date

Susie Williams RN

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Davis, Ricky AIS# 173073

Medication Allergies: PCN (Anth)

Medical: Chronic (Long-Term) Problems
Roman Numerals for Medical/Surgical

Mental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
2-3-05	PPD- 0mm			
9/1/05	Follow-up Cards			
	11/22/05 Hep. B Vacc. #1 Lot# AHBVB004BA EXP. 01/20/2006	12/22/05 Hep. B Vacc. #2 Lot# AHBVB004BA EXP. 01/20/2006		

**If Asthmatic label: Mild – Moderate – or Severe.

Hepatitis B Vaccine Consent Form

FACILITY NAME Easterling Correctional Facility

RICKY DAVIS	W/173073
Inmate Name	**AIS Number**
Ricky Davis	12-22-05
Inmate Signature	**Date**

Dose Given 20 mcg. (1 ml.) / 2nd dose

Site Given (R) deltoid

Administered by M Pacyne RN

Lot Number and Expiration Date AHBVB004BA
Exp. 1/20/06

Hepatitis B Vaccine Consent Form

FACILITY NAME Easterling

Ricky Davis — **Inmate Name**

173073 — **AIS Number** DOB 1/30/75

Ricky Davis — **Inmate Signature**

11-22-05 — **Date**

Dose Given 1 ml.

Site Given (D) deltoid

Administered by M Payne RN

Lot Number and Expiration Date Lot# AHBVB004BA EXP. 01/20/2006

11/21/2005

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

DENTAL RECORD TREATMENT

Services Rendered

Date	Tooth #	Diagnosis	Treatment	Initials	Class

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	ID NO.

HS-MD-70022

PRISON HEALTH SERVICES INCORPORATED

PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: DAVIS, Ricky BCDC#: 173073

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.

2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.

3. I consent to the use of local anesthetics or other medications and that there may be side effects, including allergic reactions and this has been explained to me.

4. I have had the opportunity to ask questions which have been answered to my satisfaction.

5. I understand there is no guarantee of success or permanence of the treatment.

Patient's Signature — Date: 6/29/05

Dentist's Signature — Date: 6/29/05

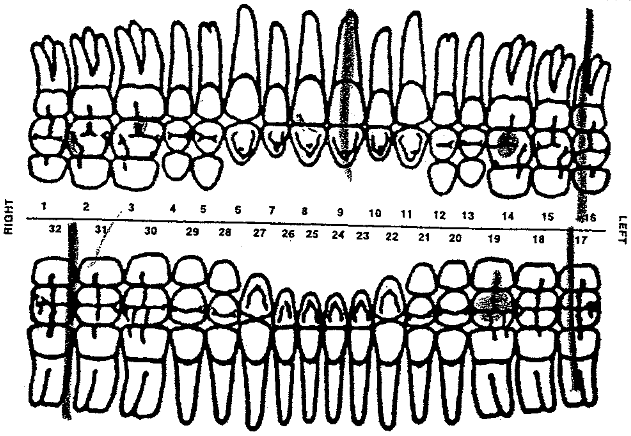
PRISON HEALTH SERVICES INCORPORATED

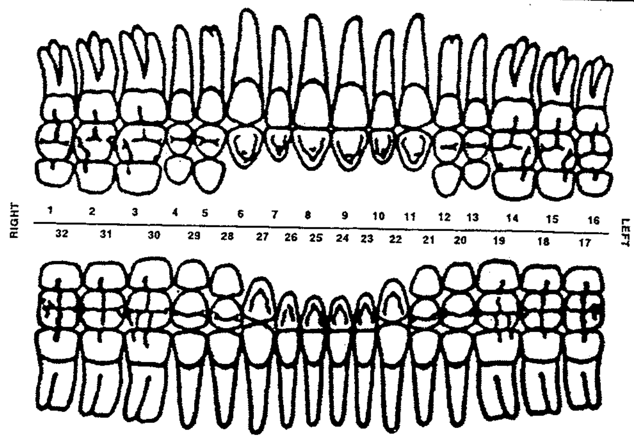
DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

DENTAL RECORD

DENTAL EXAMINATION	RESTORATIONS AND TREATMENTS





Date of Initial Examination 1-31-05

Initial Classification

Oral Pathology .... Gingivitis
Vincent's Infection
Stomatitis
Other Findings

Occlusion

Roentgenograms .... Periapical
Bitewing
Other

Health Questionnaire

YES	NO		YES	NO	
☐	☒	Rheumatic Fever	☐	☒	V.D.
☒	☐	Allergy (Novocaine, (penicillin), etc.)	☐	☒	Hepatitis
☐	☒	Present Medication	☐	☒	Anemia or Bleeding Problems
☐	☒	Epilepsy	☐	☒	Heart Disease
☐	☒	Asthma	☐	☒	High Blood Pressure
☐	☒	Diabetes	☐	☒	Kidney Disease
☐	☒	HIV	☐	☒	Other Disease

SERVICES RENDERED

Date	Tooth #	DX	TX	Initials	Class
2-2/05		c.c.	sore gums; Pt. has never had a Px; H_2O_2/water rinses given; No signs of bleeding gums	[signature]	

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Davis, Ricky	173073	1/30/75	W	KCF

PHS-MD-70015

KILBY CORRECTIONAL FACILITY
PO BOX 11
MT. MEIGS, AL 36057
Phone: 334-263-5745

PATIENT NAM
Davis, Dicky

PRISON ID
173073

DATE SUBMITTED
1-31-05

NPY 19

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY	NR	NEGATIVE (NEG)	
RPR	NR	NON-REACTIVE (NR)	
URINALYSIS	NEG		
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

"A" These results are unreliable due to the age of the specimen.
"H" These results are unreliable due to the hemolyzed condition of the specimen.
"A+H" These results are unreliable due to the age and hemolyzed condition of the specimen.

574

CLIA ID NO. 01D0706289

WAYNE D. MERCER, PHD
LABORATORY DIRECTOR

LabCorp Laboratory Corporation of America
LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000
Phone: 334-263-5745

LabCorp Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
031-684-3172-0	S	YX	COMPLETE	Page #: 1

ADDITIONAL INFORMATION

NPY-19

FASTING: N
DOB: 1/30/1975

PATIENT NAME	SEX	AGE(YR./MOS.)
DAVIS,RICKY	M	30 /

PT. ADD.:

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
1/31/2005	6:00	1/31/2005	1/31/2005	17:11	2574

CLINICAL INFORMATION
CD- 41139313263

PHYSICIAN ID.	PATIENT ID.
ROBBINS M	173073

ACCOUNT: Kilby Correctional Facility
Prison Health Services
12201 Wares Ferry Road
Mt. Meigs AL 36507-0000
ACCOUNT NUMBER: 01306900

TEST	RESULT		LIMITS	LAB
CBC With Differential/Platelet				
White Blood Cell (WBC) Count	7.7	x10E3/uL	4.0 - 10.5	YX
Red Blood Cell (RBC) Count	5.06	x10E6/uL	4.10 - 5.60	YX
Hemoglobin	15.6	g/dL	12.5 - 17.0	YX
Hematocrit	44.5	%	36.0 - 50.0	YX
MCV	88	fL	80 - 98	YX
MCH	30.9	pg	27.0 - 34.0	YX
MCHC	35.1	g/dL	32.0 - 36.0	YX
RDW	12.8	%	11.7 - 15.0	YX
Platelets	200	x10E3/uL	140 - 415	YX
Neutrophils	56	%	40 - 74	YX
Lymphs	33	%	14 - 46	YX
Monocytes	6	%	4 - 13	YX
Eos	3	%	0 - 7	YX
Basos	2	%	0 - 3	YX
Neutrophils (Absolute)	4.3	x10E3/uL	1.8 - 7.8	YX
Lymphs (Absolute)	2.5	x10E3/uL	0.7 - 4.5	YX
Monocytes(Absolute)	0.5	x10E3/uL	0.1 - 1.0	YX
Eos (Absolute)	0.2	x10E3/uL	0.0 - 0.4	YX
Baso (Absolute)	0.2	x10E3/uL	0.0 - 0.2	YX

LAB: YX LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000
DIRECTOR: Alton Sturtevant B PhD

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

Facility Name: Month/Year of Charting: 12/05

Mycolog oint Bid x14d.

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a

4p

Start Date: 12/5 Prescriber: Darbouze

Stop Date: 12/19 RX #:

CTM ÷ po Bid x 5d.

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a

4p

Start Date: 12/5 Prescriber: Darbouze

Stop Date: 12/10 RX #:

Sudafed ÷ po Bid x 5d.

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a

4p

Start Date: 12/5 Prescriber: Darbouze

Stop Date: 12/10 RX #:

Rifampin 300mg ÷ po bid x 10days

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a

4p

Start Date: 12/13/05 Prescriber: Darbouze/MP

Stop Date: 12/23/05 RX #:

Bactrim DS ÷ po bid x 10days

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a

4p

Start Date: 12/13/05 Prescriber: Darbouze/MP

Stop Date: 12/23/05 RX #:

CTM ÷ po bid PRN x 3days

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a

4p

Start Date: 12/13/05 Prescriber: Darbouze/MP

Stop Date: 12/16/05 RX #:

Diagnosis

Allergies: PCN

Housing Unit:

Patient ID Number: 173073

Patient Name: DAVIS Ricky

Nurse's Signature	Initial	Nurse's Signature	Initial
SBuskirk		MPayne RN	MP
	SB	CDarcia RN	Y
		S.Smith RN	SB

Date of Birth: 1/30/75

Documentation Codes
1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

Facility Name: ECF

Month/Year of Charting: 12/05

Sudafed 1 po bid prn x 3 days

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

4a 4p

Start Date: 12/13/05 Prescriber: Darbouze/NP

Stop Date: 12/16/05 RX #:

Start Date: Prescriber:

Stop Date: RX #:

Start Date: Prescriber:

Stop Date: RX #:

Start Date: Prescriber:

Stop Date: RX #:

Start Date: Prescriber:

Stop Date: RX #:

Start Date: Prescriber:

Stop Date: RX #:

Diagnosis

Allergies PCN

Housing Unit:

Patient ID Number: 173073

Patient Name: Davis, Rick II

Nurse's Signature	Initial	Nurse's Signature	Initial
M Payne RN	MP	C Garcia RN	CG
		S. Smith RN	SS

Date of Birth: 1/30/75

Documentation Codes
1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

Facility Name: Easterling

Month/Year of Charting:

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

AFC BID x 14 days

4a [redacted]

4p [redacted]

Start Date: 9-3-05 Prescriber: Danbouze

Stop Date: 9-16-05 RX #:

Bactrim DS 1 po qd x 3wk

4a [redacted]

Start Date: 9/7 Prescriber: Danbouze

Stop Date: 9/28 RX #:

Doxycycline 100mg 1 po qd x 3wk

4a [redacted]

Start Date: 9/7 Prescriber: Danbouze

Stop Date: 9/28 RX #:

Benzoyl Peroxide qd x 7d.

4a [redacted]

Start Date: 9/7 Prescriber: Danbouze

Stop Date: 9/14 RX #:

Start Date: Prescriber:

Stop Date: RX #:

Start Date: Prescriber:

Stop Date: RX #:

Diagnosis

Allergies: PCN, Antidepressants

Housing Unit:

Patient ID Number:

Patient Name: Davis Ricky 173070

Nurse's Signature	Initial	Nurse's Signature	Initial
JScottlpn	JS	[redacted]	[redacted]
SWaychoff SW	SW	[redacted]	R
A. Lewis	AL		

Date of Birth: 1-30-75

Documentation Codes
1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

MEDICATION ADMINISTRATION RECORD

STDT01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11–20	21	22	23	24	25	26	27	28	29
Feldene 20mg PO QD x7 060105-060705 Dearbauze/PT	4pm	D	D	D	D	D	D	D	X	—											
Tylenol 1gm PO tid x 3 PRN 060105-060305	4A / 4A / 4pm				X	—															
CTM PO tid PRN x3 060105-060305	4A / 4A / 4pm				X	—															
Peroxide Rinses BID x7d 6/21/05-6/28/05 West	4a / 4p												X	D	D	D	D	D	D	D	X

MEDICATIONS HOUR 1–29

CHARTING FOR 060105 THROUGH 063005

NURSE'S ORDERS, MEDICATION/NOTES, AND INSTRUCTIONS ON REVERSE SIDE

Physician: Dearbauze

Alt. Physician

Telephone No.

Alt. Telephone

Medical Record No

Allergies: PCN

Rehabilitative Potential

Diagnosis

Medicaid Number | Medicare Number

Complete Entries Checked By: [signature] Title: RN Date: 0601[illegible]

PATIENT: Davis, Ricky

PATIENT CODE: 173013 | ROOM NO. | BED | FACILITY C[ODE]: Ea[illegible]

MEDICATION ADMINISTRATION RECORD

STDT01

MEDICATIONS | HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

Bactrim DS
1 po BID x10 days
5/5/05 5/15/05 Darbouze

Doxycycline 100mg Please
1 po BID x10 days give c
toast.
5/5/05 5/15/05 Darbouze

Tylenol 500mg 1 po
BID x10 days
5/5/05 5/15/05 Darbouze

MEDICATIONS | HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 3

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 5/05 THROUGH 5/05

Physician Darbouze

Alt. Physician

Telephone No.

Alt. Telephone

Medical Record No.

Allergies PCN

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked By: Rawlins Title: LPN Date: 5/5

PATIENT Davis, Ricky

PATIENT CODE 1730173

ROOM NO.

BED

FAC

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Davis Date of Request: 1/16/05
ID # 173073 Date of Birth: 1-30-75 Location: 5-B-11
Nature of problem or request: I have 2 Not's in my left Arm And I have A Bump in my Chest the one's in Arm Hurt And my Gums Swollen And Hurt And Bleed

Ricky Wade Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: See Net 1/17/2006

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

J. Cheney TRN
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PHS

Nursing Evaluation Tool: Dental Complaint

Facility:
Patient Name: Davis (Last) Ricky (First) (MI)
Inmate Number: 173073
Date of Birth: 1 / 30 / 1975 (MM / DD / YYY)
Date of Report: 1 / 17 / 2006 (MM / DD / YYYY)
Time Seen: 9 : 45 (MM) AM / (PM) Circle One

Subjective: Chief Complaint(s): "My gums are swollen and hurt and bleed."
Onset: 1 week
History: Never have had teeth cleaned.
(Continue on back if necessary)

Is the problem: ☑ New ☐ Chronic Problem related to: ☐ Recent trauma ☐ Recent dental work ☐ Other: ☐ Check Here if additional notes on back
Injury sustained in altercation with custody staff, or other inmate: ☑ NO ☐ YES (Requires notification of correctional staff)
Dental Pain: Right: ☐ Upper Back ☐ Upper Front ☐ Lower Back ☐ Lower Front Left: ☐ Upper Back ☐ Upper Front ☐ Lower Back ☐ Lower front
*Lower front
Type of Pain: ☐ Aching ☐ Throbbing ☐ Dull ☐ Sharp ☐ Constant ☐ Intermittent
Sensitive to Hot or Cold: ☑ No ☐ Hot ☐ Cold ☐ Sensitive to both Hot & Cold Pain Scale: (1-10)_____
Associated Symptoms: ☐ Sinus problems ☐ Difficulty chewing ☐ Earache ☐ Sore throat ☐ Other:

Objective: Vital Signs: (If Indicated) T: 97.8 P: 70 RR: 18 B/P: 136 / 80

Visual evidence of tooth decay/fracture	☑ No ☐ Yes	Visible external swelling	☑ No ☐ Yes	
Visual evidence of missing filling	☐ No ☑ Yes	Swelling/redness/pus surrounding affected tooth:	☑ No ☐ Yes	
Pain upon opening jaw widely	☑ No ☐ Yes	Evidence of trauma/injury to jaw/face	☑ No ☐ Yes	

☐ Additional Examination: No swelling, or bleeding noted
(Continue on back if necessary)

Assessment: (Referral Status) ☐ Check Here if continued on back
☐ Referral Not Required
Preliminary Determination(s):

☑ Referral Required due to the following: (Check all that apply)
- ☐ Fever
- ☐ Earache/sore throat/sinus problems
- ☐ Pain upon opening mouth widely
- ☐ Evidence of pus collection or swelling
- ☐ Recent dental surgery/procedure
- ☐ Significant injury/trauma to jaw
- ☐ Recurrent Complaint (More than 2 visits)
- ☐ Other: (Describe)

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:
- ☑ For tooth pain; instruct patient to avoid hot/cold food; to chew on the opposite side of the tooth pain and to do salt water gargles PRN
- ☐ Warm rinses PRN (Note: DO NOT apply warm compress to outside of face for dental abscess)
- ☐ Cold Compress PRN for minor trauma
- ☑ Instructions to return if condition worsens.
- ☑ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☑ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
- ☐ Other: (Describe)

☐ OTC Medications given ☑ NO ☐ YES (If Yes List):
Referral: ☐ NO ☑ YES (If Yes, Whom/Where): West Date for referral: 1 / 17 / 2006 (MM / DD / YYY)
Referral Type: ☑ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

x J. Ivey TRN
Nurses Signature
Name: J. Ivey TRN
Printed

PHS

Nursing Evaluation Tool: General Sick Call

Facility: ECF
Patient Name: DAVIS (Last) Ricky (First) MI
Inmate Number: 173073
Date of Birth: 1 / 30 / 1975 (MM / DD / YYYY)
Date of Report: 1 / 17 / 2006 (MM / DD / YYYY)
Time Seen: 9:45 AM / PM Circle One

Subjective: Chief Complaint(s): "I got 2 knots on my (D) arm and one on my chest."
Onset: about a year.

Brief History: (Continue on back if necessary)

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 97.8 P: 70 RR: 18 B/P: 136 / 80

Examination Findings: Knots felt on (D) arm and on sternal.
(Continue on back if necessary)

☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s):

☐ Referral NOT REQUIRED

☑ Referral REQUIRED due to the following: (Check all that apply)

☑ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☑ Instructions to return if condition worsens.

☑ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: (Describe)

OTC Medications given ☑ NO ☐ YES (If Yes List):

Referral: ☐ NO ☑ YES (If Yes, Whom/Where): Darbourg Date for referral: 1 / 24 / 2006 (MM / DD / YYYY)

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

x J. Chey TRN
Nurses Signature

Name: J. Ivey
Printed

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davis Date of Request: 12/7/05
ID # 172073 Date of Birth: 1/30/75 Location: 5-B-11
Nature of problem or request: I Went And Seen the Dr on the 12/6/05 And He Put me on some Cream For Dry skin [redacted] And I have use [redacted] it 3 Time's And it has my leg Broke out in A Bad Rash

Ricky Wade Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: DEC 8 2005
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS

Nursing Evaluation Tool:

Dermatitis (Rashes)

Facility: ECF

Patient Name: Davis, Ricky (Last / First / MI)

Inmate Number: 173073

Date of Report: 12 / 8 / 05 (MM / DD / YYYY)

Date of Birth: 1 / 30 / 75 (MM / DD / YYYY)

Time Seen: 915 AM / PM (Circle One)

Subjective: Chief Complaint: ☐ Itching ☐ Burning ☐ Redness ☐ Swelling ☐ Weeping ☐ Blisters ☐ Lice/Scabies/Nits ☐ Other: Denies any of above symptoms

Onset: yesterday

Location: (L) ↓ leg forearm

History: States "broke out" from Mycolog cream given for dry skin (Continue on back if necessary)

Associated Symptoms: ☒ None ☐ Fever ☐ Upper Respiratory Symptoms ☐ Tongue Swelling/Throat Closing ☐ Facial/Neck Swelling ☐ Difficulty breathing ☐ Other: ☐ Check Here if additional notes on back

Recent environmental contacts (allergens/Irritants): denies

History of new medication: Mycolog

Objective: Vital Signs: (If Indicated) T: 97.8 P: 68 RR: 20 B/P: 116 / 80

Exam: Lesion(s): ☐ NO ☒ YES Description: multiple red, raised, blisters to (L) ↓ leg

Redness/Swelling/Streaking: ☐ NO ☒ YES (If Yes, Describe):

☐ Additional Examination: (Continue on back if necessary)

Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s): D/C Mycolog ointment per pt thinks reaction ☐ Check Here if continued on back

☒ Referral Required referral due to the following: (Check all that apply)

☐ Respiratory distress ☐ Tongue or facial swelling ☐ Hives ☐ Wheezing

☐ New medication ☐ Signs of infection ☐ Recurrent Complaint (More than 2 visits)

☐ Other: Unresolvable by nurse (Describe)

Plan: Check All That Apply:

☐ Meds given per approved OTC med list: ☐ ☐

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Education signs and symptoms of severe allergic reaction: (Difficulty breathing, throat or facial swelling). Pt instructed to seek immediate seek immediate medical attention if these should occur.

Other OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): MD Date for referral: 12 / 13 / 05 (MM / DD / YYYY)

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

CWambles RN (Nurses Signature) Name: CWambles RN (Printed)

PHS

Nursing Evaluation Tool: General Sick Call

Facility: ECF
Patient Name: Davis (Last) Ricky (First) MI
Inmate Number: 173073
Date of Birth: 1 / 30 / 75 (MM / DD / YYYY)
Date of Report: 11 / 21 / 05 (MM / DD / YYYY)
Time Seen: 9:10 AM / (PM) Circle One

Subjective: Chief Complaint(s): sores inside nasal passage
Onset: X 2 wks
Brief History: pt c/o dry ~~cracking~~ cracking areas inside nares, pt states areas scab over but will bleed when clearing his nose
(Continue on back if necessary)

Objective: Vital Signs: (As Indicated) T: 96.2 P: 64 RR: 14 B/P: 104/64
☐ Check Here if additional notes on back
Examination Findings:
(Continue on back if necessary)

Assessment: (Referral Status) Preliminary Determination(s):
☐ Check Here if additional notes on back

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☒ Other: unresolvable by nursing staff

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: (Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): MD Date for referral: 11 / 28 / 05 (MM / DD / YYYY)

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): Time

X _____ Nurse's Signature Name: S Crawford Printed

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Davis Date of Request: 11/27/05
ID # 173073 Date of Birth: 1-30-75 Location: 5-B-11
Nature of problem or request: the in side of my Nose is Dry And ~~Bleed~~ sore And craking And bleeds

Ricky wade Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 11/21/05
Time:
Receiving Nurse Intials MR

(S)ubjective:

(O)bjective **(V/S):** **T:** _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade DAVIS Date of Request: 9/2/05
ID # 173073 Date of Birth: 1/30/75 Location: 5-B-1cell
Nature of problem or request: my neck is Broke out ~~and~~
and my feet are to

Ricky DAVIS
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/2/05
Time: 8:45 AM PM
Allergies: PCN, Antidepressants

RECEIVED
Date: 9/2/05
Time:
Receiving Nurse Intials VM

(S)ubjective: "I used HC cream and it got worser" "I only used the antifungal cream for 2 days"

(O)bjective (V/S): T: 97.8 P: 64 R: 14 BP: 118/82 WT: 172
110X3, skin warm and dry - pt has multiple lesions on @ post neck & @ jaw line, pt c/o intense itching and condition worsened when HC 1% cream from canteen was used, pt also c/o cattered pt c

(A)ssessment: athletes foot fungus, Micronazole gave relief in the past pt alt in skin integrity

(P)lan: refer to MD Micronazole apply BID X 14d to feet

Refer to: (MD/PA) Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (X) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PHS
PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davi's Date of Request: 8/26/05
ID # 173073 Date of Birth: 1-30-75 Location: 9-A-35
Nature of problem or request: my Neck is Broke out and it Hurt's And my Foot is Broke out to Thank's

Ricky Wade Davi's
Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/28/05
Time: 7:35 AM PM
Allergies: PCN

RECEIVED
Date:
Time: AUG 26 2005
Receiving Nurse Intials ____

(S)ubjective: "I have a Rash on the back of my Neck. I tried HC Cream it made it worse. I have jock itch & athlete feet too."

(O)bjective (V/S): T: 98.6 P: 74 R: 16 BP: 118/68 WT: 172
Pt to SK c a rash to the back of Neck noted. Pt states has been using HC cream & it has worsened. Pt also has

(A)ssessment: athlete feet & jock itch noted, AxOx3. Skin W/D to touch. Resp c ease.
Alt c Skin integrity.

(P)lan: MD appt given
1 tube Miconazole for jock itch given to Pt

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Davis Date of Request: 9/13/05
ID # 170473 Date of Birth: 1/30/73 Location: 9-A-35
Nature of problem or request: Toe

Ricky Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 9-13-05
Time: 9:30AM
Receiving Nurse Intials

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

Wound Dsgd

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davis Date of Request: 5/3/05
ID # 173073 Date of Birth: 1/30/75 Location: 9-A-43
Nature of problem or request:
I have a Spider Bite or Cist, or Staf infection on my side, on my Arm and Leg. Need to see Dentest. Need to see The Doctor.

Ricky Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/4/05
Time: 845 AM PM
Allergies: PCN

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective: I do have three bites or Something.

(O)bjective (V/S): T: 98.4 P: 68 R: 18 BP: 110/64 WT: 174
It has two Areas noted to Side & Under Arm that is Red & Swollen; has Jagged brown Spot noted to Center. No drainage at this time. Also Requesting to See dentist #7073, Spoke to Head Nurse.

(A)ssessment:

(P)lan: Ciprofloxacin Tabs 500mg 1/2 Bid x 10 days
Doxicycline 100mg 1/2 Bid x 10 days
Bactrim DS 1 Bid x 10 days.
Refer to Dental.

Refer to: MD/PA Mental Health ~~Dental~~ ~~Daily Treatment~~ Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

notified 6/6/05 gp

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PHS PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record

Institution: CAS

Date: 3/15/05 Time: 2135 AM/PM

RECEIVED FROM:

Institution/Work Release Center/Free-World Hospital

RELEASED: Inmate/Health Record

Institution: KCE

Date: 3/14/05 Time: _____ AM/PM

RELEASE FROM:

☐ Infirmary ☐ Segregation

☑ Population ☐ Mental Health

☐ Other _____

RELEASE TO:

☑ DOC ☐ Infirmary ☐ Mental Health

☐ _____

Institution/Work Release Center/Free-World Hospital

ALLERGIES:

PCN

PHYSICAL EXAMINATION

Date of last exam: 1/31/05

Chest X-Ray Date: _____ Result: Clear

PPD Reading 2/3/05

Classification: _____

Limitations: _____

RECEIVING MEDICAL STATUS

☒ Population

☐ Infirmary

☐ Isolation

LAB RESULTS - - LAST REPORT

	Date	Normal	Abnormal
CBC	1/31/05	☑	☐
Urinalysis	1/31/05	☑	☐
_____	_____	☐	☐

	YES	NO
Wears Glasses/Contacts	☐	☒
Dental Prosthesis	☐	☒
Hearing Aide	☐	☒
Other Prosthesis	☐	☒

Recieving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: _____ LAST CLINIC: _____

MEDICATIONS	☐ Sent w / inmate	☐ Not sent w / inmate
X-RAY FILM	☐ Sent w / inmate	☐ Not sent w / inmate
HEALTH RECORD	☐ Sent w / inmate	☐ Not sent w / inmate

Released to: _____

Date: _____ Time: _____ AM/PM

MEDICATIONS	☐ Received	☒ Not Received
X-RAY FILM	☐ Received	☒ Not Received
HEALTH RECORD	☑ Received	☐ Not Received
CHART REVIEWED	☒ YES	☐ NO

Received by: _____

Signature of Receiving Nurse

Date: 3/15/05 Time: 2140 AM/PM

FOLLOW-UP CARE NEEDED

	Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurse)
☐ Medical ☐ Dental				
☐ Mental Health				

NURSING ASSESSMENT (SENDING NURSE) (Noted from health record documentation)

		Yes	No
HISTORY	Drug Use	✓	
	Mental Illness		✓
	Suicide Attempt		✓
	Chronic Care		✓
STATUS	Special Diet		✓
	Appearance		✓

OTHER PERTINENT NURSING ASSESSMENT

_____

A. Dulaney LPN

Signature of Nurse Completing Assessment (Sending Nurse)

NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment)

		Yes	No
SKIN	Open Sores		X
	Lice		X
	Edema		X
	Warm & Dry	X	
	Cool & Moist		X
CONDITION	Alert	X	
	Oriented	X	
	Uncooperative		X
	Depressed		X

3/14/05

Date

Signature of Intake Screening Nurse (Receiving Nurse)

3/15/05

Date

INTAKE

Sick Call Procedures Explained	Yes
Height	5'9"
Weight	165
Blood Pressure	106/68
Temperature	97.4
Pulse Resp.	60/14
Other	

INMATE NAME (LAST, FIRST, MIDDLE) Davis Ricky W

DOC#	DOB	Race/Sex	FAC
173073	1-30-75	M	KCF

HS-MD-70009

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Ricky Wade Davis Date of Request: 4/22/05
ID # 173073 Date of Birth: 1-30-75 Location: 9-A-43
Nature of problem or request: I have knots in my chest and 2 knots in each of my arms. It is constantly giving me problems.

Ricky Wade Davis
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/22/05
Time: 930 AM PM
Allergies: PCN

RECEIVED
Date:
Time: APR 23 2005
Receiving Nurse Intials

(S)ubjective: " I have knots coming up w my Arms. The one in my chest has been there for a month & a 1/2. It is getting bigger."

(O)bjective (V/S): T: 98 P: 74 R: 18 BP: 108/74 WT: 175 lb
A & O x 3 c Sm marble sized knots noted b/l arms. Has a Sm marble size knot noted a chest. NO Soreness. States they are getting bigger. AO x 3. SKS W/D to touch. Resp c ease.

(A)ssessment:
Adh w comput R/T adh w health maintenance

(P)lan: MD appt gvn.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

4/23/05

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF 1002 (1/4)

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Davis Ricky D.O.B.: 1/30/75
3/15/05	rec'd @ BAS, kitchen clearance completed, access
2135	to health care explained
2/27/05 7:50A	wt. 177 120/80 80 18 T 97.8
	S Knots arms, chest.
S	30 y/o c/o knots over forearms and chest x
	few months
O	NAD, x 3
	skin: 0.5 x 1 cm subcutaneous nodules x 2 at the
	[illegible] area mobile, non tender with [illegible]
	skin except for large tattoo
	x2 0.5 x 1 cm nodule R forearm
	x1 at the xyphoid area.
A/P	SQ nodules likely from lymph nodes - not from any pathology
	No Rx [illegible] further evaluation needed.
	RT to return for ↑ in size, pain..

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Davis, Ricky D.O.B.: 1 /30 /2[illegible]
9/7/06 S	S/C Rash Neck + itching. was given by [illegible] Redux [illegible] seen 5 days ago.
O	
	NAD
	skin: few erythematous papules over the lower occipital area – no pustule,
A	Folliculitis capitis
	Plan: - Bactrim DS + Diphenhydramine QD x 3 weeks
	- [illegible] Peroxide
	- keep skin dry/clean.
12/5/05 11 15 A	Wt. 177 97° 110/80 68 16
S	SC sores in nose. rash over face and legs
O	NAD [illegible]
	Nostril: mild erythema/edema, no exudate
	skin: mild scaly erythematous rash over face around the [illegible] eyebrows, forehead, over the [illegible]
A	Seborrheic Dermatitis
	Plan: - [illegible] + [illegible] BID [illegible] x 7 days
	- Mycolog oint BID [illegible] x 14 days
	- keep skin dry/clean, [illegible] water [illegible]

50111 (5/85)

Complete Both Sides Before Using Another Sheet

Date/Time	Inmate's Name: DAVIS RICKY D.O.B.: 11/30/75
12/13/05 S	30 WM c/o rash over his L leg and hip that he relates to the [illegible] not prescribed for seborrheic dermatitis last week
	he is also c/o sinuses congestion
O-	NAD, VSS
	skin: erythematous plaques with few papules over the L [illegible] area ± 12x5 cm
	Nostril: intact
	0.5 cm superficial ulcer over the upper lip
	face: previous rash is resolved
A	cellulitis / folliculitis
	P: Bactrim + [illegible] BID x 10 days
	CTM + Sudafed for sinuses congestion
	keep skin dry / clean and [illegible] face
	[signature]

PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Davis Ricky 145 173073 B

D.O.B. 1/30/75

ALLERGIES: PCN

noted 12/5/05 LEW

Use Last Date 11/5/05 11/5/05

DIAGNOSIS (If Chg'd)

Tylenol 1g Po TID PRN x 10 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Davis Ricky #173073

D.O.B. 1/30/75

ALLERGIES: PCN

noted 12/3/05 Management LEW

Use Fourth Date 12/3/05

DIAGNOSIS (If Chg'd) Folliculitis, URI

Rifampin 300mg + Po BID x 10 days

Bactrim DS + Po BID x 10 days

CTM + Po BID PRN x 3 days

Sudafed + Po BID PRN x 3 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Davis, Ricky

D.O.B. 1/30/75

ALLERGIES: PCN

noted SB 12/5/05

Use Third Date 12/5/05

DIAGNOSIS (If Chg'd) Seborrheic Dermatitis, URI

Mycolog oint BID x 14 days

CTM + Po BID x 5 days

Sudafed + Po BID x 5 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Davis Ricky #173073

D.O.B. 1/30/75

ALLERGIES: PCN

noted SB 9/7/05 1/30

Use Second Date 9/7/05

DIAGNOSIS (If Chg'd) Folliculitis Capitis

Bactrim DS + Po QD x 3 weeks

Doxycycline 100mg + Po QD x 3 weeks

Benzoyl Peroxide QD x 7 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Davis, Ricky 173073 B

D.O.B. 1/30/75

ALLERGIES: PCN

Use First Date 8/12/05

DIAGNOSIS

H2O2/water Rinses twice daily x 4 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

60110 (4/03)

MEDICAL RECORDS COPY

PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Third Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Second Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Davis, Ricky 173073 D.O.B. 1/30/75 ALLERGIES: PCN Use First Date 1/14/06	DIAGNOSIS PPD VS OR Darbepoetin Inj ☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Asked Jackson 1-17-06 JR

1/17/06

MEDICAL RECORDS COPY

60110 (4/03)

AFFIDAVIT

STATE OF ALABAMA)
)
Barbour **COUNTY**)

I, Beth Long, hereby certify and affirm that I am a Medical Records Clerk, at Easterling Correctional; that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Ricky Wade Davis, AIS# 173073; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Prison Health Service; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 1st day of February, 2006.

Beth Long

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 1st Day of February, 2006.

Linda A Wilkinson
Notary Public
9/16/2007
My Commission Expires

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 1-14-06

To: ADOC (Ewheling)

From: PHS (Ewheling)

Inmate Name: Davis, Ricky **ID#:** 173073

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. (Other) PPD Reading on (Mon) 1-16-06

Comments:

during 1st shift pill call

Date: 1-14-06 **MD Signature:** V. Oor, Darbo McClann **Time:** 1p

Ricky Davis #173073

60418

PRISON HEALTH SERVICES
SEGREGATION LOG

Name: Davis, Ricky AIS 173073 DOB ____ UNIT B-20 YEAR 05

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC SRS	NC SRS	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC SRS	NC [illegible]	NC SRS	NC SRS	NC [illegible]	NC SRS	NC [illegible]	NC SRS	[illegible]	[illegible]	NC [illegible]	[illegible]	[illegible]	NC SRS	NC [illegible]
OCTOBER	NC SRS	[illegible]	NC SRS	NC SRS	NC SRS	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC SRS	NC [illegible]	NC SRS	NC SRS	NC SRS	NC SRS	NC [illegible]	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC [illegible]	NC MP	NC SRS	NC SRS	NC SRS	NC SRS	NC [illegible]	NC [illegible]	NC SRS
NOVEMBER	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC [illegible]	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC [illegible]	NC SRS	NC SRS	NC [illegible]	NC [illegible]	NC SRS	NC [illegible]	NC [illegible]	NC SRS	NC SRS	NC SRS	
DECEMBER	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC [illegible]	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC SRS	NC [illegible]	NC SRS	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC [illegible]	NC SRS	NC SRS	NC SRS

KEY:
M – MEDICAL
D – DENTAL
P—PSYCHIATRIC
N/C-NO COMPLAINTS

B-11

NURSES SIGN AND INITIAL

[illegible signature]
[illegible signature]
[illegible signature] – SRS
[illegible signature] MP
[illegible signature]
[illegible signature]

NC 072

PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 12/30/05 TIME 735 AM PM | ORIGINATING FACILITY Easterling ☐ SIR ☐ PDL ☐ ESCAPEE ☐ | ☐ SICK CALL ☐ EMERGENCY ☑ OUTPATIENT

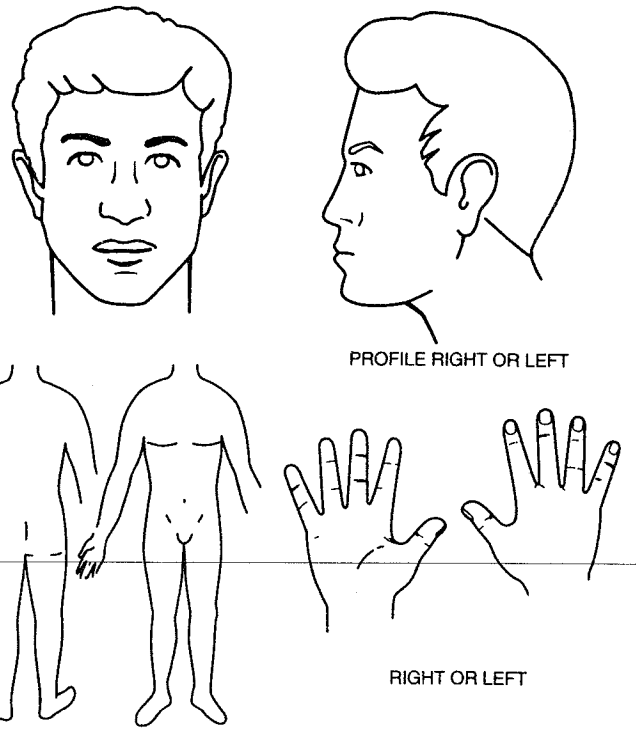
ALLERGIES PCN Wt. 166 | CONDITION ON ADMISSION ☑ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.8 ORAL RECTAL | RESP 16 | PULSE 96 | B/P 140/80 | RECHECK IF SYSTOLIC <100> 50 ____/____

NATURE OF INJURY OR ILLNESS

S- Bodychart per DOC

ABRASION ///	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / ____ SUTURES



PHYSICAL EXAMINATION

O- W/m A+Ox3 Resp E ease Skin WID - Slight redness noted to ® side of face & complaints voiced. WAD noted. & other injury noted.

A- Bodychart per DOC

P- No tx needed.

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 12/30/05 TIME 745 AM PM | RELEASE / TRANSFERRED TO ☐ DOC ☐ AMBULANCE ☐ | CONDITION ON DISCHARGE ☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE S Bushnell | DATE 12/30 | PHYSICIAN'S SIGNATURE | DATE 1/3/06 | CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Davis Ricky	173073	1/30/75	W/m	EDF

PHS-MD-70007 (White – Record Copy, Yellow – Pharmacy Copy)

PHS
PRISON
HEALTH
SERVICES
INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Ricky Davis

Date of Birth: 1-30-75 Social Security No.: _____

Date: 12-2-05 Time: _____ A.M. P.M.

This is to certify that I, Ricky Davis (Print Inmate's Name), currently in custody at the Easterling (Print Facility's Name), am refusing to accept the following treatment/recommendations: MD Appt 12-2-2005 (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Refused to Sign C. Gym (Signature of Inmate)** D Burton (Signature of Medical Person)

_____ (Witness) _____ (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

PHS PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSTION DATE 10/24/05 TIME 3:25 AM PM

ORIGINATING FACILITY ECF ☐ SIR ☐ PDL ☐ ESCAPEE ☐ _____

☐ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT

ALLERGIES NKA

CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.4 ORAL RECTAL RESP 14 PULSE 90 B/P 114/74 RECHECK IF SYSTOLIC <100> 50 ____/____

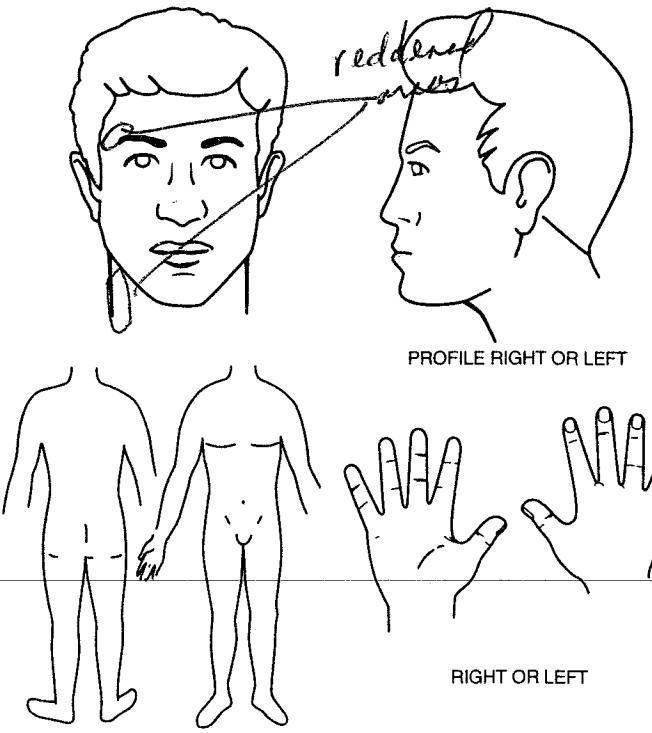
NATURE OF INJURY OR ILLNESS

S: "Marks on my neck and above my eye" "Sgt. Hewlett did it"
Ofndr ambs to clinic in handcuffs, makes above statement when asked why he was brought to HCU, pt presents w/ 1.5 cm red raised area on R brow and reddened areas on R lateral neck, pt denies any pain, pt denies any other injury or complaint, pt's skin intact, warm and dry, resp even and unlabored no other injuries noted or observed

PHYSICAL EXAMINATION

A: DOC Body Chart
P: Return to DOC

ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / _____ SUTURES



ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT None

DISCHARGE DATE 10/24/05 TIME 3:35 AM PM

RELEASED / TRANSFERRED TO ☒ DOC ☐ AMBULENCE ☐ _____

CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE _____ DATE 10/24/05

PHYSICIAN'S SIGNATURE _____ DATE 10/30/05

CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Davis, Ricky	173073	1/30/75	W/M	ECF

PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 8/30/05 TIME 11:00 AM PM

ORIGINATING FACILITY East ☐ SIR ☐ PDL ☐ ESCAPEE ☐

☐ SICK CALL ☐ EMERGENCY ☒ OUTPATIENT

ALLERGIES ? Antidepressant 172#

CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 99 ORAL RECTAL RESP 16 PULSE 80 B/P 120/80 RECHECK IF SYSTOLIC <100> 50 ___/___

NATURE OF INJURY OR ILLNESS

S- I guess they want a body chart.

O- Ambulate & Hx per self in handcuffs escorted by Off Simmons & Off. Tew- Alert & Resp to ease. Answers all questions appropriately. Redress noted to wrist new handcuffs. Skin intact NO c/o voiced. No distress noted. NO trauma areas noted to skin

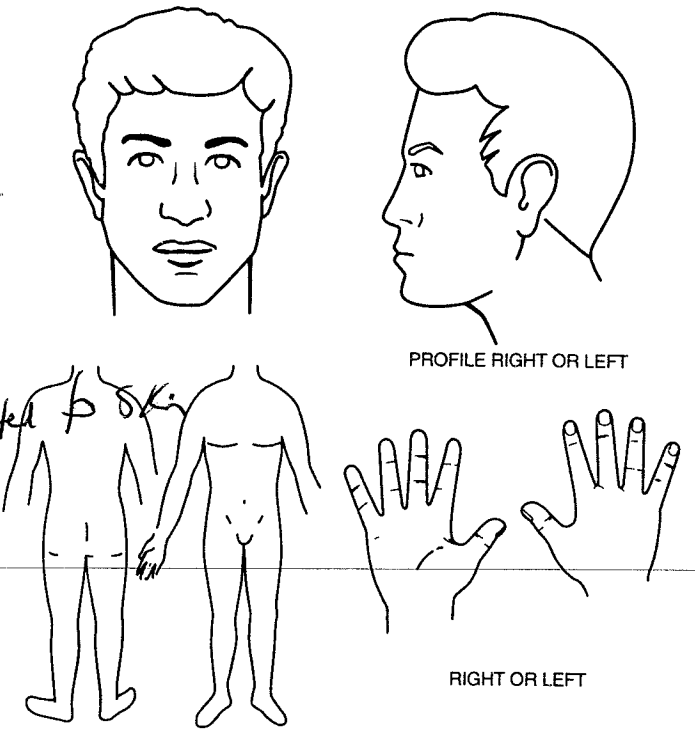
A- Body chart per DOC

PHYSICAL EXAMINATION

Protocol

P- Released to Dr. D K. reeder.

ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / ___ SUTURES



PROFILE RIGHT OR LEFT

RIGHT OR LEFT

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 8/30/05 TIME 11:05 AM PM

RELEASE / TRANSFERRED TO ☒ DOC ☐ AMBULANCE ☐

CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE [signature] RN DATE

PHYSICIAN'S SIGNATURE [signature] DATE 8/30/05

CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Davis Ricky	173073	1-30-75	W/M	

PHS-MD-70007 (White – Record Copy, Yellow – Pharmacy Copy)

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Ricky Davis

Date of Birth: 1-30-75 Social Security No.: 587-29-7218

Date: 7/14/05 Time: _____ A.M. P.M.

This is to certify that I, _____ (Print Inmate's Name), currently in custody at the _____ (Print Facility's Name), am refusing to accept the following treatment/recommendations: SC (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)** (Signature of Medical Person)

(Witness) (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

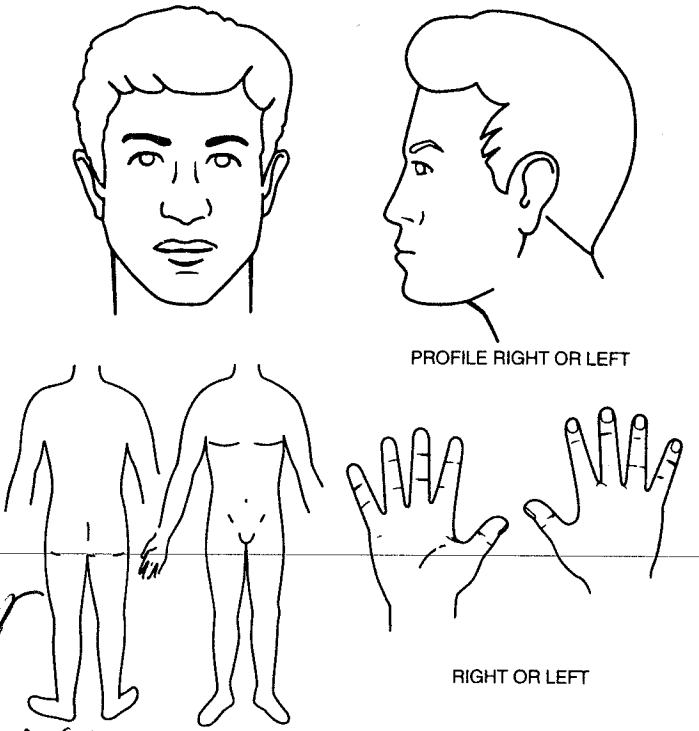
PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 6/1/05 TIME 315 AM PM
ORIGINATING FACILITY East ☐ SIR ☐ PDL ☐ ESCAPEE ☐ ☐ SICK CALL ☐ EMERGENCY ☒ OUTPATIENT
ALLERGIES PCN
CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA
VITAL SIGNS: TEMP 100.0° ORAL RECTAL RESP 18 PULSE 88 B/P 110/70 RECHECK IF SYSTOLIC <100> 50 ___/___

NATURE OF INJURY OR ILLNESS
S-"I have a fever"

ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / ___ SUTURES



PHYSICAL EXAMINATION
O-WM to HCU c above
CC-cough x 3 wks, fever
HA, body aches today
BBS CTA, ears c TM's
Contact, non productive cough

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
Tylenol 1gm tid PRN x 3		
Deltasone 20mg: PO QD x 7		
CTM: PO + CD x 3 PRN		

DIAGNOSIS

INSTRUCTIONS TO PATIENT
E.D. if call

DISCHARGE DATE 6/1/05 TIME 331 AM PM RELEASE TRANSFERRED TO ☒ DOC ☐ AMBULANCE ☐ CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE [signature] DATE 6/1/05 PHYSICIAN'S SIGNATURE [signature] DATE 6/2/05 CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Davis, Ricky	173073	013075	WM	East

PHS-MD-70007 (White – Record Copy, Yellow – Pharmacy Copy)

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	___	X
TB TEST CURRENT	X	___
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	___	X

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

→ PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: S Ford DATE: 3/15/05

I attest that the above statement is true to the best of my knowledge.
PATIENT SIGNATURE: X Ricky Davis DATE: 3/15/05

EXPIRATION DATE: indefinite

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC
Davis Ricky	173073	1/30/75	W/M	EAS

PHS-MD-70042 **(White - Medical File, Yellow - Kitchen Supervisor, Pink - Classification Administrator (Inmate))**

PROCEDURE FOR ACCESS TO HEALTH CARE

Treatment for routine medical complaints and mental health complaints are processed through nurse screening seven days a week. Inmates must complete a sick-call screening form and turn this form into medical services for processing. You may obtain screening forms from any dorm cube or shift commander's office. you need to place the screening form in the locked box located at the dining hall. All health service requests are subject to a $3.00 co-pay being deducted form your PMOD account, depending on the nature of your request. Forms for segregation inmates will be collected by nursing personnel at 4:00am medication rounds. Doctor's clinic is held Monday through Friday excluding holidays or an unexpected emergency.

Inmates on sick-call screening must report for screening or sign a refusal of treatment form declining care. Screening for population is held on 1st shift at approximately 7:00am. Screening for segregation is held during the morning pill call rounds. Sick-call screening is held Sunday through Friday.

Pill call times for this institution are as follows:

POPULATION	DIABETIC	SEGREGATION
4:00am	3:00am	4:00am
9:00am	9:00am	10:00am
5:00pm	3:00pm	5:00pm

Medical request on weekends and holidays are reviewed. Any request for medical attention that cannot wait until the next sick-call clinic will be processed at that time. All other request will be held until regular Sunday through Friday sick call. Medical emergencies, such as those involving intense pain, potential life-threatening situations, or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest Correctional Officer of an emergency, so prompt access to health care is provided.

You are required to sign up for Dental sick call using the same procedure as medical sick call. Population and Segregation Dental Screenings are held weekly on Monday evenings at 1:00pm in the Health Care Unit. Follow-up care, if needed, is scheduled at this time. Emergency dental service is provided 24 hours a day with a dentist on call. Those not meeting scheduled appointments must sign a refusal of treatment form.

Your medical care is important. This is a joint effort between you and the Health Care Staff. Prescribed medications are to be picked up at pill-call, appointments kept, and education in services attended.

Comfort medications, such as cold medicine, headache medicines etc. are available in the canteen.

We ask that medical complaints against the Health Care Unit try and be resolved face to face. If concerns cannot be resolved verbally, a written complaint may be filed. You may get this form in the Health Care Unit. You must complete this form listing specifically the reason for dis-satisfaction, steps you have taken and the action requested to resolve the problem. Return this form to the Health Care Unit.

Inmate Signature	AIS#	Weight	Height	Date
X Ricky White Davis	173073	165	5'9"	3/15/05

Witness	Date	Time
	3/15/05	2140

FROM: Sheriff Mac Holcomb
Marshall County

TO: Department of Corrections
Transfer Agent Supervisor
FAX# (334) 240-3380
AND
Medical Director (CMS)
Kilby C.F.
FAX# (334) 215-6681

Subject: Authorization for Required Immediate Medical Care for State Inmate.

Inmate: Ricky Wade Davis
SS/AIS: _____

1. Condition requiring immediate medical treatment outside jail:
No medication ordered at this time
Scheduled to have nodules removed (benign)

2. Medical Professional who determined immediate care required:
_____ Phone _____

3. Date/Time DOC contacted _____

4. Has determination been made that offender has been convicted and transcript forwarded to DOC? Yes_____ No_____

Submitted by:

_____ Phone (256) 582-2034 Ext. 30

RECEIVING SCREENING FORM

INMATE'S NAME: Davis, Ricky DATE: 1/28/05 TIME: 10:45 AM

DOB: 1/30/75 OFFICER: Darnell Moore INSTITUTION: KILBY

RECEIVING OFFICER'S VISUAL OPINION

	YES	NO
Is the inmate conscious?	X	—
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?	—	—
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?	—	—
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?	—	—
Is the skin in poor condition or show signs of vermin or rashes?	—	—
Does the inmate appear to be under the influence of alcohol, or drugs?	—	—
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc.)	—	—
Is the inmate making any verbal threats to staff or other inmates?	—	—
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?	—	—
Does the inmate have any obvious physical handicaps?	—	—

FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures?

This inmate was

X a. Released for normal processing

____ b. Referred to health care unit

____ c. Immediately sent to the health care unit.

Darnell Moore
Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

MENTAL HEALTH 30/90 DAY SEGREGATION REVIEW

Inmate Name: Davis, Ricky AIS#: 173073 Institution: ECF

Date Review Completed: 1-6-06 Date Placed in Segregation: 8-30-05

30 DAY REVIEW ✓90 DAY REVIEW

ALDOC Psychologist/Psychological Associate Conducting Review: Brian Mitchell, Psychological Asst. II

Brian Mitchell

MENTAL STATUS EXAMINATION

Affect: Appropriate for Segregation	**Appearance:** Appropriate for Segregation
Concentration: Appropriate for Segregation	**Intellectual Functioning:** Within Normal Limits
Mood: Appropriate for Segregation	**Memory:** Intact
Orientation: Appropriate for Segregation	**Speech:** Appropriate for Segregation
Other:	

BEHAVIORAL OBSERVATIONS

(Aggressive)
Agitated
Delusional
Eye Contact
Hallucinating
Hyperactivity
Irrational
Labile
Lethargic
Loose Associations
Manipulative
Paranoia
Passive
(Rational)
Terrified/Crying
Withdrawn
Suicidal
Other: _____

COMMENTS:

RECOMMENDATIONS:

__X__ *SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH*
SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH
REFERRED FOR PSYCHIATRIC EVALUATION
Other:

Inmate Name	AIS #

ALDOC Form 465-01

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

MENTAL HEALTH 30/90 DAY SEGREGATION REVIEW

Inmate Name: Davis, Ricky AIS#: 173073 Institution: Easterling

Date Review Completed: 10-4-05 Date Placed in Segregation: 8-30-05

✓ 30 DAY REVIEW 90 DAY REVIEW Brian Mitchell

ALDOC Psychologist/Psychological Associate Conducting Review: Brian Mitchell, Psychological Asst. II

MENTAL STATUS EXAMINATION

Affect: Appropriate for Segregation	Appearance: Appropriate for Segregation
Concentration: Appropriate for Segregation	Intellectual Functioning: Within Normal Limits
Mood: Appropriate for Segregation	Memory: Intact
Orientation: Appropriate for Segregation	Speech: Appropriate for Segregation
Other:	

BEHAVIORAL OBSERVATIONS

Aggressive
Agitated
Delusional
Eye Contact
Hallucinating
Hyperactivity
Irrational
Labile
Lethargic
Loose Associations
Manipulative
Paranoia
Passive
(Rational)
Terrified/Crying
Withdrawn
Suicidal
Other: _____

COMMENTS:

RECOMMENDATIONS:

X *SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH*
SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH
REFERRED FOR PSYCHIATRIC EVALUATION
Other:

Inmate Name	AIS #

ALDOC Form 465-01

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems (adjustment to prisons, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send in a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonable clear risk of escape or creation of institutional disorder
- Receiving Psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons

Mental health staff has a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigation staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

This information on this form has been explained to me and I have received a copy of the information for my future reference.

Ricky Davis
Inmate Signature

173073B
AIS #

1-28-05
Date Signed

Davis, Ricky

PSYCHOLOGICAL UPDATE

Name: [illegible] AIS#: [illegible] R/S: [illegible]

Date: 2/4/05 Date of Birth: 1/3/75 Age: [illegible]

Inmate [illegible] was last evaluated by ADOC psychology staff member [illegible] on 2/4/05.

A diagnosis of [illegible] was made and the inmate was recommended for participation in [illegible]

The following observations and recommendations are made as a result of the current interview:

I. Educational Needs

X a. ABE ___ b. Special Education X c. Trade School ___ d. Junior College

II. Mental Health Needs

___ A. Refer to psychiatrist ___ E. Sexual adjustment ___ I. Self-concept enhancement

___ B. Substance abuse counseling ___ F. Reality therapy ___ J. Healthy use of leisure

___ C. Depression ___ G. Anger-induced acting out ___ K. Personal development

___ D. Stress management ___ H. Values clarification

Date referred to psychiatrist ___/___/___

III. RECOMMENDATIONS/REMARKS: [illegible]

RECEIVED FEB 10 2005

MENTAL HEALTH CODE: SMI HARM HIST (NONE)

Evaluation Completed by: [illegible] Date: 2/4/05

N-259 A (2/2001)
White to Central Records
Yellow to Institutional File
Pink to Data Entry and forwarding to Medical Record

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION

Referred by:

☒ Admission to Institution ☐ Mental Health Staff ☐ Medical Staff ☐ Other_____

30/W/M

Reason for Referral (Presenting Problem):

NEW ADM. TO KILBY C.F. INCAR. - 5-6-MOS.
CH - REC. STOR. PROP.
S - 15 YRS.

Psychiatric History (inpatient/outpatient/dates of treatment/medications prescribed):

14 y.o., Rx - RITALIN FOR ADHD, x ± 1 YR, @ M.H.C.
NO OTHER TX
DENIES CURRENT SX

Pertinent Medical History (allergies):

RX - X
ALLERGIES - PEN
HEAD INJ - X
SEIZURES - X

Substance Abuse History:

STOP - 18, POT - 21, METHAMPH. - 29,
TX - 1 YR AGO, ROSMAB 1/P x 28 DAYS. CLONA x 1 YR.

Pertinent Personal/Family History (inmate's sentence):

LIVING - W GIRLFRIEND, SINGLE.
SCHOOL - 8 YRS. / WORK - HVAC, CONSTRUCTION

Institutional Adjustment (current placement):

PRIOR - '96 - CH - REC. STOR. PROP - 5 = 2 YRS / 8-9 MOS
'91 - REC. STOR. PROP. - 5 - 3 YRS / 1 YR.
JV - 15 - THEFT - DENT. x 1 YR.

Inmate Name	AIS #
DAVIS, RICKY	173073

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC EVALUATION

Mental Status Examination:

Appearance and Behavior: ALERT, WELL ORIENTED, APPROPIATE

Mood and Affect: STABLE IN MOOD

Speech and Language: WNL

Thought Process: WNL

Thought Content and Perceptions: WNL

Cognitive Assessment/Memory: WNL

Insight/Judgement: INTACT

Sleep/Appetite:

Suicide/Violence Risk Assessment:

Past Suicidal Ideation/Attempts (dates and methods): X

Current Suicidal Ideation and Behavior: X

Past Violent/Assaultive Behavior: X

Current Violent/Assaultive Ideas/Behavior: X

Diagnostic Impression

Axis I: MOOD SUBST DEP.

Axis II: DEFER DX

Axis III: —

Axis IV: —

Axis V: 75

Treatment Recommendations (including medications/labs ordered/special housing)

NO M.H. SERVICES SCHEDULED.

Mental Health Code: SMI HARM HIST NONE

Psychiatric Follow-Up Required Within: ____ Days

X

Psychiatrist Signature [signature] Date 2/1/05

Inmate Name	AIS #
DAVIS, RICKY	173073

Dr. Paul Beecham
MHM Correctional Services

INC

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTH

Inmate Name: Davis, Ricky AIS# 173073B Date of Referral: 1-28-05

REASON FOR REFERRAL:

☐ **CRISIS INTERVENTION**
- ☐ Family problem:
- ☐ Problems with other inmates:
- ☐ Recent stress:
- ☐ Other:

☐ **EVALUATION OF MENTAL STATUS**
- ☐ Suicidal
- ☐ Homicidal
- ☐ Mutilative
- ☐ Hostile, angry
- ☐ Other inappropriate behavior:
- ☐ Anxious
- ☐ Depressed
- ☐ Withdrawn
- ☐ Poor hygiene
- ☐ Physical complaints
- ☐ Sleep disturbance
- ☐ Hallucinations/delusions
- ☐ Suspicious

☐ **EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION**

☐ **HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER**

☐ **OTHER:**

COMMENTS: Inmate reports being on MH Meds in ADHS. Denies any current MH needs.

Referred by: L. Henderson LPN Phone Contact #: 684

☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Received 1/31/05

See M.H. Evn 2/1/05

Follow-Up by:

Inmate Name: Davis, Ricky AIS #: 173073B Date: 2/1/05

Dr. Paul Beecham
MHM Correctional Services

IN RDISCIPLINARY PROGRESS N ES

DATE	TIME	NOTES	SIGNATURE

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Davis, Ricky	173073	30	w/m	Kilby

F-61

A BAMA DEPARTMENT OF CORRECTI S
MENTAL HEALTH SERVICES

RECEPTION MENTAL HEALTH SCREENING

Institution: Kilby Date/Time Inmate Received: 1-28-05
Date/Time of Screening: 1-28-05 Signature/Title of Screener: L. Henderson LPN

MENTAL HEALTH TREATMENT PRIOR TO ENTERING THE ALDOC:

- ☐ Yes ☐ No **Psychotropic medication:**
- ☐ Yes ☐ No **Medication turned over to ALDOC upon arrival?**
- ☐ Yes ☐ No **Mental health follow-up in last 90 days:**
- ☐ Yes ☐ No **Suicide/self-harm attempts in last 90 days:**

MENTAL HEALTH HISTORY *Does inmate report a history of the following (if yes, provide details):*

- ☐ Yes ☐ No **Outpatient treatment:** OPD 10-15 yrs ago
- ☐ Yes ☐ No **Inpatient treatment:**
- ☐ Yes ☐ No **Psychotropic medication:** Ketalin - 10-15 yrs ago
- ☐ Yes ☐ No **Suicidal attempts:**
- ☐ Yes ☐ No **Suicidal thoughts:**
- ☐ Yes ☐ No **Head injury:** MVAccident - 15 yrs ago
- ☐ Yes ☐ No **Seizures:**
- ☐ Yes ☐ No **Violent behavior:**
- ☐ Yes ☐ No **Substance abuse:** MJ - 2 yrs ago
- ☐ Yes ☐ No **Substance abuse treatment:** 2 yrs ago
- ☐ Yes ☐ No **Special education classes:** 8th grade ed

INMATE SELF-REPORT OF CURRENT STATUS:

- ☐ Yes ☐ No **First incarceration (reaction):** 3rd "I don't like it"
- ☐ Yes ☐ No **Reports family support:** Mother, fiancee, sister
- ☐ Yes ☐ No **Reports serious depression/remorse:**
- ☐ Yes ☐ No **Thinking about suicide:**
- ☐ Yes ☐ No **Has plan for suicide:**
- ☐ Yes ☐ No **Possible to implement plan:**
- ☐ Yes ☐ No **Reports hallucinations:**

BEHAVIORAL OBSERVATIONS:

☐ Poor eye contact	☐ Poor hygiene	☐ Unable to pay attention	☐ Unresponsive
☐ Disoriented	☐ Overly anxious	☐ Unable to follow directions	☐ Unable to read
☐ Crying	☐ Memory deficits	☐ Signs of self-mutilation	☐ Afraid
☐ Illogical speech content	☐ Appears to be hearing voices or seeing things		☐ Paranoid
☐ Hostile	☐ Other unusual behavior:		

DISPOSITION/ PLACEMENT RECOMMENDATION (based on reception mental health screening):

- ☐ Routine housing and mental health follow-up
- ☐ Priority mental health follow-up but not emergency
- ☐ Current psychotropic meds verified/interim supply ordered
- ☐ Emergency mental health referral
- ☐ Safe cell placement recommended
- ☐ Parole violator interim assessment referral

Inmate Name	AIS #
Davis, Ricky	130138

ALDOC Form 450-01

PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)	✓		160 1-31-05 Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew	✓		Past hx 1/2 ppd/dy
ALLERGIES	✓		PCN

Weight 180 Temp 98.6 Pulse 98 Resp 18 Blood Pressure 110/80 BS-117

Eye Exam 20/20 OD 20/20 OS 20/20 OU

If greater than > 140/90, repeat in 1hour.
Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given 1-14-06 Site (L) Forearm Read on 1-16-06 Results 0 mm
Past Positive TB Skin Test → (Chest x-ray if clinical symptoms)	**Survey Completed** Date ____ Results ____
RPR (q 3 yrs)	Date 1-31-05 Results NR
EKG (baseline at 35, over 45 q 3 yrs)	N/A
Cholesterol (at 35 then q 5 yrs)	N/A
Tetanus/Diptheria (q 10 yrs) (if done today)	Last Given 2004 Due 2014 Site given ____ Dose ____ Lot # ____
Optometry Exam (@ 50 if not already seen)	N/A
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date ____ Results ____

~~III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)~~

Heart	RRR
Lungs	Clear bilaterally
Breast Exam	Self Exam explained. Voiced understanding
Rectal (yearly after 45) with Hemoccult	Results N/A
Pelvic and PAP (q 1 yr)	Results N/A Date ____ Results ____

Facility Easterling Nurse Signature SMckinnon Date 1-14-06

M.D. or Mid-Level Signature ____ Date 1/17/06

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Davis, Ricky	173073	1-30-75	W/M

PRISON HEALTH SERVICES, INC.

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Joanna Goodis — **Name**

mom — **Relationship**

P.O. Box 125 — **Street Address**

35016 Zip Code — **Phone Number**

Ara — **City**

AL — **State**

(256) 586-0068 or (256) 572-9439 — **Zip Code**

Ricky Davis — **Inmate Signature**

173073 — **AIS#**

587-29-7818 — **SS#**

01/28/05 — **Date**

Susie Williams LPN — **Witness**

01/28/05 — **Date**

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
Davis, Ricky	173073	01/30/1975	WM	KCF

PHS PRISON HEALTH SERVICES INCORPORATED

INTAKE HEALTH EVALUATION

NAME: Davis, Ricky
AIS #: 173073
D.O.B.: 1-30-75

Age 30 Sex M Race W Height 5'9" Weight 160

Temp: 98.1 B/P: 110/60 Pulse: 64 Resp: 16

** **B/P** – If greater than 140/90, repeat in 1 hour. Refer to Mid-Level if B/P remains up.

Do you now or have you ever had, or been treated for: FSBS - 77

Problem	Y	N	Problem	Y	N	Problem	Y	N
Head Trauma		✓	Gastritis		✓	**HIV/AIDS** ***		✓
Loss of Consciousness		✓	Ulcers		✓	***Medications Verified		
Severe Headaches		✓	Bleeding		✓	Hepatitis - Type		✓
Vertigo/Dizziness		✓	Gall Bladder/Pancreas		✓	Gonorrhea		✓
Vision Problems		✓	Liver Problems		✓	Syphilis		✓
Hearing Problems		✓	Arthritis		✓	Lice, Crabs, Scabies		✓
Seizures		✓	Joint Muscle Problem		✓			
Strokes		✓	Back/Neck Problem		✓	**LMP**		
Nervous Disorders		✓	Kidney Stones/Dz		✓	Date		
DT's		✓	Bladder/Kidney Infection		✓	Duration		
Heart Condition		✓	Alcoholism		✓	Normal		
Angina/Heart Attack		✓	Drug Abuse	✓		Regularity		
High Blood Pressure		✓	Psychiatric History		✓	Gravida/Para		
Anemia/Blood Disorder		✓	Suicidal Thoughts**		✓	AB/Miscarriage		
Sickle Cell or Trait		✓	**Immediate M.H. Referral			Contraception		
Lung Condition		✓	**T.B.**			Type:		
Asthma *		✓	PPD - date given: 1/31/05					
*Peak Flow Reading			RFA/DFA			**Lab Tests - Dates**	N	Ab
Bronchitis		✓	Date read: 2-3-05			Diagnostic Profile II		
Emphysema		✓	Results: 0 mm			RPR		
Pneumonia		✓	**Visual Acuity**			Urine Dip Stick		
Diabetes		✓	**OD OS**					
Hay Fever/Allergies		✓	**OU** 20/20			**EKG** (@ age 35)		

Immunization History: Td 2004 - Statod cement statod

Immunizations Needed: Ø

***HIV Medications: Ø

Acute or Chronic Problem Noted: Y (N) **Refer to Mid-Level or M.D. if yes.**

RN or Mid-Level, Signature

1/31/05 @ 11:20
Date/Time

60511-AL

I have read the *access to health care* information sheets and have been given a copy. I understand how to access health care.

Name Ricky Paul Date 1/31/05

AIS# 173073

Medical Staff [illegible] Date 1/31/05

INTAKE HEALTH APPRAISAL

NAME: Davis, Rechy
AIS#: _____
D.O.B.: _____ R/S W/M

HEALTH CLASSIFICATIONS:
(Circle One)

(1) **No Restrictions**

2 – Temporary Restrictions
See Special Needs Form
3 – Permanent Restrictions
See Special Needs Form
4 – A&I (Aged & Infirmed)

5 – Not Determined
Recheck_____.

PLACEMENT:

General Population (✓)
Emergency Department ( )
Isolation ( )
Medical Observation ( )
Other_____

REFERRAL:
CCC Placement ( )

Clinic(s)_____
See MD/Mid-Level flow sheet for clinic(s).
Medical ( )
Dental ( )
Mental Health ( )
Other_____
When: ( ) **Immediately**
( ) **Next Sick Call**

IMMUNIZATIONS ORDERED:

_____

_____

APPRAISAL		N	Abn/Comment
General Movement	Deformity Pain, Bleeding Habitus, Hygiene	✓	ambulates 3 dyff
Neuro	Mental Status Intox Withdrawal, Tremor Neuro-Deficits	✓	AAOX3
Skin	Injury, Bruises, Trauma Jaundice Diaphoretic Rash, Lesions, Infestations Needle Marks Color, Turgor	✓	Tattoos - multiple scars - Ø WNL
Head	Normocaphalic Atraumatic Hair, Scalp	✓	WNL
Eyes	Glasses/Vision Pupils Sclera, Conjunctiva	✓	PERRLA
Ears	Appearance Canals, TMs, Hearing	✓	WNL
Nose	Epistaxis Sinuses	✓	WNL
Throat	Teeth, Gums, Dentures Mouth, Tongue, Tonsils Airway	✓	WNL
Neck	C-Spine, Mobility Veins, Carotids Thyroid, Lymph Nodes	✓	Supple, full ROM
Chest	Config. Ausc/Resp Cough/Sputum Breast/Masses	✓	lungs CTA bilat
Heart	Ausc Rate, Rhythm Murmurs, Ectopy	✓	NSR
Abdomen	Bowel Sounds Palp, G/R/T, Hernia	✓	soft, non-dist +BS x4
GU	Flank Tenderness Bladder Tenderness/Distention	✓	WNL
Back	ROM, Spasm, Injury	✓	full ROM
Extremities	Edema, Pulse	✓	MAEW
Genitals	Injuries/Lesions	✓	
Pelvic Pap			
Rectal/Guiac (required @ 45 and up) **Deferred/follow-up:**			

Medications Ordered: _____

(P) 2/4/05
M.D. or Mid-Level Signature **Date/Time**

PHS
PRISON HEALTH SERVICES INCORPORATED

INTAKE SCREENING

Date: 01/28/05 AIS#: 173073

Last Name: Davis First: Ricky Middle: Wade

Birthplace: Belafort, Tenn DOB: 01/30/1975 SS#: 587-29-7818

~~FEMALES:~~ Pregnancy test: (circle one) ~~Positive~~ ~~Negative~~

B/P 118/66 Temp 98.1 Pulse 72 Resp 20 Weight 160

FSBS _____ If level > 200, repeat within 48 hours. Above 300 call M.D.

Previous Hospitalizations/Surgeries/Major Illness/Current Illness: What? Where?

0

Previous Incarcerations (Date & Facility)

1991 KCF

Medications: ☒ None

Allergies: ☐ NKA PCN

Special Diet (Prescribed)

Past Positive TB Skin Test (circle one) YES - (Complete TB Screening Form) (NO)

ANY INMATE WHO IS UNCONSCIOUS, SEMICONSCIOUS, ACTIVELY BLEEDING, IN ACUTE PAIN AND URGENTLY IN NEED OF MEDICAL ATTENTION SHOULD IMMEDIATELY BE REFERRED FOR EMERGENCY CARE.

CLINICAL OBSERVATIONS

1) Level of Consciousness: ~~( )~~ Alert ~~(√)~~ Oriented; time, place, person ( ) Lethargic ( ) Stuporous ( ) Comatose

Describe:

2) General Appearance ~~(√)~~ Normal ( ) Abnormal

3) Signs of Trauma ( ) Yes ~~(√)~~ No

3) Substance Abuse: ~~(√)~~ Yes ( ) No ( ) Suspected

( ) Current intoxication/Abuse ( ) Use ( ) Withdrawal Symptoms

~~(√)~~ Drugs ~~(√)~~ Alcohol Case wk

Describe- What kind? Amount/Frequency? marijuana

• If confirmed Benzo use, then call M D. If can not be confirmed, call M D

Last Use: (Time(Date): 1 yr ago

4a) Behavior/Conduct: ~~(√)~~ Calm ~~(√)~~ Cooperative ~~( )~~ Non-Violent ( ) Agitated ( ) Uncooperative ( ) Violent ( ) Manipulative ( ) Disorganized

Describe:

4b) Affect/Mood: ( ) Normal ( ) Manic ( ) Depressed ( ) Euphoria ( ) Flat ( ) Emotionally Confused

Describe:

4c) Perceptions: ( ) Delusional ( ) Hallucinations ( ) HearingVoices

5a) Is there h/o actual suicide attempt? ( ) Yes ~~(√)~~ No

5b) Does pt describe current suicidal thoughts or ideations? ( ) Yes ~~( )~~ No

5c) Is there evidence

5d) High risk pt may become assaultive towards staff? ( ) Yes ~~( )~~ No

If ANY of the above in #5 are circled, staff MUST describe here, include previous history and dates:

***Any abnormal observations #4 or 5 require immediate Mental Health Referral.**

Triggers for Suicide Watch
- Currently Suicidal
- History of actual attempt
- Fails to maintain control on Close Watch Y or N

Triggers for Close Watch
- Emotionally distraught and unable to regain composure by end of intake process
- Actively hallucinating or not making any sense Y or N

6a) Communication Difficulties ( ) Yes ~~(√)~~ No

6b) Memory Defects ( ) Yes ~~(√)~~ No

6c) Hearing Impairment ( ) Yes ~~(√)~~ No

6d) Speech Difficulties ( ) Yes ~~(√)~~ No

7) Physical Aids: ~~(√)~~ None ( ) Glasses ( ) Contacts ( ) Hearing Aid ( ) Dentures ( ) Cane ( ) Crutches ( ) Walker ( ) Wheelchair ( ) Braces ( ) Artificial Limb ( ) Other

8) Additional comments, complaints, symptoms: None ☐

S)

O) Fever Y (N) Swollen Glands Y (N) Signs of Infection Y (N) Skin Intact (Y) N

A)

P)

If known Diabetic * Call M.D. for order _____. Initial Insulin given: _____.

I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for health services to be provided to me by and through PRISON HEALTH SERVICES.

Ricky Wade Davis
Inmate's Signature/Date

Susie Williams RN
Health Provider Signature/Date

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Davis, Ricky AIS# 173073

Medication Allergies: PCN (unk)

Medical: Chronic (Long-Term) Problems
Roman Numerals for Medical/Surgical

Mental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
2-3-05	PPD- 0mm			
9/1/05	Follicul. Conj.			
	11/22/05 Hep. B Vacc #1 Lot# AHBVB004BA EXP. 01/20/2006	12/22/05 Hep. B Vacc. #2 Lot# AHBVB004BA EXP. 01/20/2006		

**If Asthmatic label: Mild – Moderate – or Severe.

Hepatitis B Vaccine Consent Form

FACILITY NAME Easterling Correctional Facility

RICKY DAVIS	W/173073
Inmate Name	**AIS Number**
Ricky Davis	12-22-05
Inmate Signature	**Date**

Dose Given 20 mcg. (1 ml.) / 2nd dose

Site Given (R) deltoid

Administered by LM Pacyne RN

Lot Number and Expiration Date AHBVB004BA
Exp. 1/20/06

Hepatitis B Vaccine Consent Form

FACILITY NAME Easterling

Ricky Davis — **Inmate Name**

173073 — **AIS Number** DOB 1/30/75

Ricky Davis — **Inmate Signature**

11-22-05 — **Date**

Dose Given 1 ml.

Site Given (L) deltoid

Administered by M Payne RN

Lot Number and Expiration Date Lot# AHBVB004BA EXP. 01/20/2006

11/21/2005

PHS
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DEPARTMENT OF CORRECTIONS

DENTAL RECORD TREATMENT

Services Rendered

Date	Tooth #	Diagnosis	Treatment	Initials	Class

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	ID NO

PHS-MD-70022

PRISON HEALTH SERVICES INCORPORATED

PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: Davis, Ricky BCDC#: 173073

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.

2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.

3. I consent to the use of local anesthetics or other medications and that there may be side effects, including allergic reactions and this has been explained to me.

4. I have had the opportunity to ask questions which have been answered to my satisfaction.

5. I understand there is no guarantee of success or permanence of the treatment.

Richard Davis — 6/29/05

Patient's Signature — Date

D.D.S. — 6/29/05

Dentist's Signature — Date

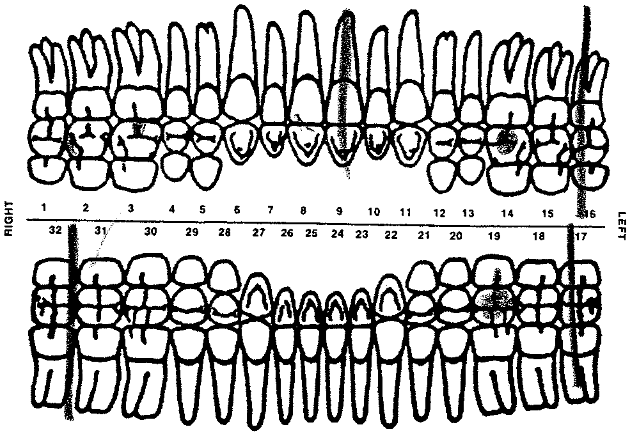
PHS
PRISON HEALTH SERVICES INCORPORATED

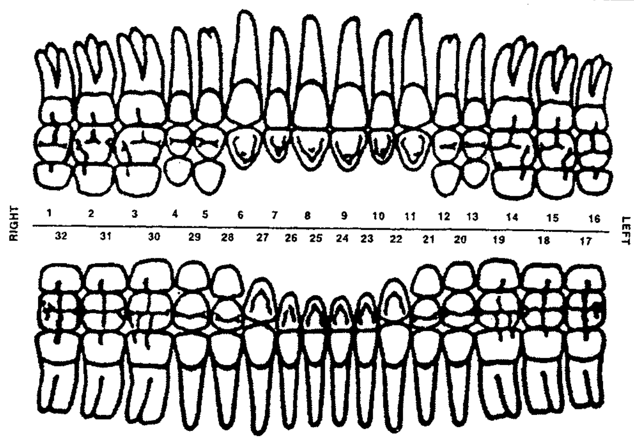
DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

DENTAL RECORD

DENTAL EXAMINATION	RESTORATIONS AND TREATMENTS





Date of Initial Examination 1-31-05

Initial Classification

Oral Pathology .... Gingivitis
Vincent's Infection
Stomatitis
Other Findings

Occlusion

Roentgenograms .... Periapical
Bitewing
Other

Health Questionnaire

YES	NO	
☐	☒	Rheumatic Fever
☒	☐	Allergy (Novocaine, penicillin, etc.)
☐	☒	Present Medication
☐	☒	Epilepsy
☐	☒	Asthma
☐	☒	Diabetes
☐	☒	HIV

YES	NO	
☐	☒	V.D.
☐	☒	Hepatitis
☐	☒	Anemia or Bleeding Problems
☐	☒	Heart Disease
☐	☒	High Blood Pressure
☐	☒	Kidney Disease
☐	☒	Other Disease

SERVICES RENDERED

Date	Tooth #	DX	TX	Initials	Class
6-2-05		CC.	sore gums; pt. has never had a px; H2O2/water rinses given; no signs of bleeding gums	[signature]	

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Davis, Ricky	173073	1/30/75	W	KCF

PHS-MD-70015

AL DEPARTMENT OF CORRECTIONS

Sex

Name: David - Ricky

State ID No: 173073

DOB 1-30-75

Race: W Sex: M

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Easterling

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
Dr. [illegible]	1-2-2006				

HISTORY/DIAGNOSIS:

States on s/c he was assaulted on 12-31-2005

X-RAY REQUEST

	ABDOMEN/KUB		FINGERS		NAVICULAR VIEW		SOFT TISSUE STUDIES
	ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)		FOOT		ORBITS		STERNUM
	ANKLE		HAND		OS CALCIS (HEEL)		TEMPORO-MANDIBULAR JOINTS
	CERVICAL SPINE		HIP		PELVIS		THORACIC SPINE
	CHEST PA / LATERAL		HUMERUS		RADIUS/ULNA		TIBIA/FIBULA
	COCCYX		KNEE		RIBS		TOES
	CONE DOWN SELLA TURCICA		LUMBAR SPINE		SACRO-ILIAC JOINTS		WRIST
	ELBOW	RT	MANDIBLE		SCAPULA		ZYGOMA
	FACIAL BONES	LT	MAXILLA		SHOULDER		ZYGOMATIC ARCH
	FEMUR		NASAL BONES		SKULL		

REPORT

Davis

MANDIBLE AND MAXILLA: The bony architecture appears intact. Definite fracture is not detected.

D & T: 01-04-06 Thomas J. Payne, III, M.D./rr Board Certified Radiologist (Signature on file)

1/5/06

K Drawdy RT(R)

1-3-06

X-RAY TECHNOLOGIST'S NAME (PRINT) | X-RAY TECHNOLOGIST'S SIGNATURE | DATE, TIME EXAM PERFORMED

RADIOLOGIST'S SIGNATURE | DATE SIGNED